

APPENDIX 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

PODIATRY IN MOTION, INC.,)	
on behalf of plaintiff and)	
the class members defined herein,)	
)	
Plaintiff,)	No. 16-cv-2653
)	
v.)	Honorable Judge Lee
)	Magistrate Judge Cole
COVERMYMEDS, LLC,)	
and JOHN DOES 1-10,)	
)	
Defendant.)	

SETTLEMENT AGREEMENT

I. RECITALS

1. Parties. Defendant CoverMyMeds, LLC (“Defendant”) and Plaintiff Podiatry In Motion, Inc. (“Plaintiff”) individually and as representatives of the settlement class of persons defined below in paragraph 5 (the “Settlement Class”), enter into this Settlement Agreement (“Settlement Agreement”). Plaintiff and Defendant are collectively referred to as the Parties.

2. Nature of Litigation. In this lawsuit, captioned *Podiatry In Motion, Inc. v. CoverMyMeds, LLC et al.*, United States District Court, Northern District of Illinois, Eastern Division, docket number 16-cv-2653, (the “Litigation”), Plaintiff alleges that Defendant violated the Telephone Consumer Protection Act, 47 U.S.C. § 227, et seq. (“TCPA”) and state law, by causing unsolicited facsimile advertisements to be transmitted to a nationwide class of individuals and entities.

3. Denial of Liability. Defendant denies violating the TCPA and further denies any liability to Plaintiff and the Settlement Class for the claims alleged. Defendant

desires to settle the claims solely to avoid the expense, burden, and uncertainty of further litigation, and to put to rest all claims, known or unknown, that have been or might have been asserted by the Plaintiff or the Settlement Class against Defendant concerning the matters alleged in the complaint in the Litigation.

4. Plaintiff's Desire to Settle. Plaintiff, individually and on behalf of the Settlement Class (as defined below), desires to settle its claims against Defendant, having taken into account through Plaintiff's counsel the risks, delay, and difficulties involved in establishing a right to recovery in excess of that offered by this settlement, and the likelihood that further litigation will be protracted and expensive. Plaintiff represents and warrants that it owned or leased the facsimile machine which received the faxes at issue in the Litigation at the time the faxes were received. The warranties and representations made in this Settlement Agreement survive the execution of this Settlement Agreement.

5. Investigation. Plaintiff's counsel has investigated the facts and the applicable law. Plaintiff's counsel has requested, and been provided with confirmatory discovery, under oath, detailing the information outlined in this Settlement Agreement identifying the nature and scope of the Settlement Class and the identification of each member of the Settlement Class by: (a) type of facsimiles received i.e. transactional or non-transactional; (b) class member name (c) class member fax number; (d) class member email address; (e) class member mailing address. Based on the foregoing, and upon an analysis of the benefits afforded by this Settlement Agreement, Plaintiff's counsel considers it to be in the best interest of the Settlement Class to enter into this Settlement Agreement.

II. DEFINITIONS

6. "CMM User" means any person or entity that utilized CoverMyMeds prior authorization system or software, and thereby caused a fax to be transmitted to a Settlement Class Member, any partner or any entity which is referenced by name, mark, inference or whose logo appears on any Transactional Fax or Non-Transactional Fax or on whose behalf the fax was sent.

7. "Non-Transactional Fax(es)" means the faxes defined in Exhibit 1 as Non-Transactional Faxes.

8. "Plaintiff" means Podiatry In Motion, Inc. and its successors, assigns, or any other person acting on its behalf or for its benefit, or any person claiming through them.

9. "Released Claims" means any and all actual, potential or filed causes of action, suits, claims, or demands, in law or in equity, known or unknown at this time (including Unknown Claims), which Plaintiff or any other Settlement Class Members now have, did have, or may have in the future against the Released Parties, under any legal theory, including any and all claims under federal, state or local statutes, regulations, or ordinances, whether or not alleged in the Litigation, which are related in any way to or arise from the transmission of Transactional or Non-Transactional Faxes sent during the Class Period to Settlement Class Members by or on behalf of Defendant or a CMM User.

10. "Released Parties" means, Defendant, its parents, subsidiaries, parents subsidiaries, affiliates, predecessors and successors in interest, any CMM User, heirs, predecessors, successors, assigns, executors, administrators, and all of those entities' past and current owners, officers, directors, shareholders, partners, members, employees and agents, in such capacities as they relate to the actions that are the subject of the Released Claims. The

Parties expressly agree that all of these persons and entities that are not parties to this Settlement Agreement are intended third-party beneficiaries of this Settlement Agreement.

11. "Settlement Class" means all persons and entities with fax numbers who during the period February 29, 2012 through and including the date of the entry of the preliminary approval order in this action, were sent Transactional or Non-Transactional faxes by or on behalf of CoverMyMeds, LLC or any CMM User.

12. "Settlement Class Administrator" means the firm retained by Plaintiff with the consent of Defendant and approved by the Court to issue notice to the Settlement Class Members and to administer the settlement.

13. "Settlement Class Counsel" means Edelman, Combs, Lattuner & Goodwin, LLC.

14. "Settlement Class Member(s)" means Plaintiff and any member of the Settlement Class who is not excluded from the Settlement Class by the Court.

15. "Transactional Fax(es)" means the faxes defined in Exhibit 1 as Transactional Faxes.

16. Agreement. In consideration of the foregoing and other valuable consideration, Plaintiff, Plaintiff's counsel and Defendant agree to settle the claims of the Plaintiff and the Settlement Class, subject to the Court's approval, on the following terms and conditions.

III. TERMS

1. Incorporation of Recitals and Definitions. The recitals and definitions set forth above are incorporated into this Settlement Agreement.

2. Effective Date. If there is no objection to the Court approving this Settlement, then the Settlement Agreement shall become effective (hereinafter the “Effective Date”) upon the occurrence of all of the following: (a) the Court’s entry of a Final Approval Order substantially in the form of Exhibit 5, and (b) the expiration of five (5) business days from the time that the Final Approval Order becomes final and non-appealable. If there is an appeal from the Final Approval Order, Plaintiff’s and Defendant’s obligations under this Settlement Agreement, including, without limitation, payments to Settlement Class Members and payment of any award of attorney’s fees, costs, and expenses shall not commence unless and until all appellate proceedings are fully and finally resolved in a manner that upholds the Final Approval Order and this Settlement Agreement becomes effective.

3. Certification of Settlement Class. Solely for the purposes of settlement, the Parties stipulate to the certification of the Settlement Class pursuant to Rule 23(b)(3) of the Federal Rules of Civil Procedure. Plaintiff shall be appointed class representative, and Daniel A. Edelman and Julie Clark of Edelman, Combs, Lattuner & Goodwin, LLC shall be appointed Settlement Class Counsel. Defendant does not consent to certification of the Settlement Class for any purpose other than to effectuate this settlement of the Litigation. If this Settlement Agreement is not approved by the Court or is terminated pursuant to its terms or for any other reason, or is disapproved in a final order by any court of competent jurisdiction, (a) any order certifying the Settlement Class and all preliminary and/or final findings or stipulations regarding certification of the Settlement Class shall be automatically vacated upon notice to the Court of this Settlement Agreement’s termination or disapproval; (b) this Litigation will proceed as though the Settlement Class had never been certified and any related findings or stipulations had never been made and neither this Settlement Agreement, nor any of its Exhibits, nor any other

associated settlement document may be used in seeking class certification; and (c) Defendant reserves all procedural or substantive rights as of the date of execution of this Settlement Agreement.

4. Identification of Settlement Class Members. Defendant represents that, based on a review of its records, and after conducting a reasonable investigation, as of May 8, 2016, the Settlement Class consists of a total of 613,597 unique persons/entities and that 264,792 persons/entities received (only) Transactional Facsimiles and 348,805 persons/entities received Non-Transactional Facsimiles. Some Settlement Class Members were sent more than one fax and some received both Transactional and Non-Transactional Faxes.

5. Relief to Plaintiff and the Settlement Class. The following relief shall be provided to Plaintiff and the Settlement Class, subject to the Court's approval:

- a. Defendant shall fund a \$9,600,000 Settlement Fund ("Settlement Fund") which shall be distributed as set forth below. The entire Settlement Fund will be paid out and there will be no reversion to Defendant;
- b. Notice and administration expenses will be paid from the Settlement Fund and reasonable notice expenses up to a maximum of \$300,000 shall be advanced by Defendant to Settlement Class Counsel seven (7) days after entry of the Preliminary Approval Order for which Defendant shall be given a credit on the payment of the Settlement Fund in an amount equal to the amount advanced by it. The Settlement Fund less notice and administrative expenses is the Net Settlement Fund; and
- c. After the notice and administration expenses are deducted from the Settlement Fund, the Net Settlement Fund shall be apportioned as follows:
 - i. \$10,000.00 shall be paid from the Settlement Fund to Plaintiff as an incentive award in recognition of its services as class representative, in addition to any other amounts it may be entitled to recover as a Settlement Class member;
 - ii. Settlement Class Counsel shall request no more than 1/3 of the Net Settlement Fund for attorney's fees and the amount awarded by the Court shall be paid from the Settlement Fund;

- iii. If the deductions described in subparagraphs 5(b); 5(c)(i); and 5(c)(ii) are approved by the Court, the remaining money in the Settlement Fund (the "Claim Payment Amount") will be divided pro rata, based on the number of Transactional and Non-Transactional Faxes received by each Settlement Class member. Each Settlement Class Member who submits a timely and valid claim will receive one share for each Transactional Fax they received in the Class Period and five shares for each Non-Transactional Fax they received in the Class Period. The amount to be paid per share shall be determined by dividing the Claim Payment Amount by the total number of shares from all timely and valid claims submitted by Settlement Class Members.
- iv. If after payment of the amounts due under subsections (i) through (iv) above, there is sufficient money remaining in the Claim Payment Amount to pay each Settlement Class Member who cashed his/her/its Initial Settlement Payment, an additional payment of no less than \$10 to those Settlement Class Members who are identified as receiving Transactional Faxes and no less than \$50 to those Settlement Class Members who are identified as receiving Non-Transactional Faxes, then there shall be a Second Distribution to the Settlement Class members.

6. Any award of attorneys' fees and costs and an incentive award to Plaintiff may be distributed within 14 days following the Effective Date. Within 30 days following the Effective Date, Settlement Class Counsel or their agent shall distribute the Settlement Fund in accordance with this Settlement Agreement. In the event that (i) the Settlement Agreement is terminated pursuant to its terms; (ii) Defendant withdraws from the Settlement Agreement; (iii) the Settlement Agreement does not become effective; or (iv) the Final Approval Order is reversed, vacated, or modified in any material respect which is not mutually acceptable to the Parties, then Settlement Class Counsel or its agent shall return \$9,600,000, less any reasonable costs (which shall not exceed \$300,000), that were incurred by Settlement Class Counsel to issue notice to the Settlement Class Members of the Settlement Agreement, to Defendant' Counsel, Ice Miller LLP, within three business days of that event.

7. Settlement Class Members shall have at least 60 days to submit a claim form, to opt out, or object to the proposed settlement, after notice is initially sent by facsimile.

8. Costs associated with notice, claims administration and distribution of settlement checks shall be paid from the Settlement Fund.

9. The settlement checks issued to the members of the Settlement Class for payment of claims under this Settlement Agreement (both Initial Settlement Payment and Second Distribution) will be void after 60 days from the date of issuance. Any Settlement Class Member who does not negotiate the claim payment check issued to such Settlement Class Member within 60 days of the date of issuance of the settlement claim payment check, agrees that such Settlement Class Member rescinds and withdraws his, her or its claim for monetary compensation under this Settlement Agreement but remains a member of the Settlement Class and is bound by the terms of this Settlement Agreement.

10. Undistributed Settlement Funds. Within thirty (30) days after the last void date of all settlement checks (both Initial Settlement Payment and Second Distribution) issued to Settlement Class Members, the Settlement Class Administrator will report to the Parties if there are any uncashed checks or unclaimed or undistributed amounts remaining in the Net Settlement Fund. Any such unclaimed or undistributed amounts remaining in the Settlement Fund after all payments required under this Settlement Agreement have been made shall be distributed to one or more *cy pres* charities selected by agreement of the Parties, subject to court approval, and the right of the Court to select another alternative *cy pres* recipient without effecting the enforceability of this Agreement. No Undistributed Funds shall revert to Defendant.

11. Release. Upon the Effective Date, Plaintiff and the Settlement Class Members who have not been excluded from the Settlement Class shall be deemed to have fully

and finally released and discharged the Released Parties from any and all liability for the Released Claims. This Settlement Agreement may be pleaded as a full and complete defense to any action, suit or other proceeding that may be instituted or prosecuted with respect to the Released Claims. Upon the Effective Date, the Settlement Class Members understand and acknowledge that they shall be deemed to have waived and shall have expressly waived and relinquished to the fullest extent permitted by law, the provisions rights and benefits of California Civil Code §1542, which provides as follows: “A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR”. Further, upon the Effective Date Plaintiff and the Settlement Class, understand and acknowledge that they shall be deemed to have, and shall have waived any and all provisions and rights and benefits conferred upon them by any law of any state or territory of the United States or principle of common law, or the law of any jurisdiction outside of the United States, which is similar, comparable or equivalent to California Civil Code §1542.

12. If this Settlement Agreement is not approved by the Court or for any reason does not become effective, it shall be deemed null and void and shall be without prejudice to the rights of the parties hereto and shall not be used in any subsequent proceedings in this or any other litigation, or in any manner whatsoever.

13. Attorneys’ Fees, Notice Costs and Related Matters. Settlement Class Counsel or the Settlement Class Administrator will administer the Settlement Fund for the benefit of the Settlement Class and will pay the reasonable costs of notice and settlement

administration out of the Settlement Fund. Defendant will advance the costs of notice and administration of the settlement within 7 days of the entry of the Preliminary Approval Order up to a maximum of \$500,000. Defendant shall be given a credit towards payment of the Settlement Fund in an amount equal to the amount advanced by it for costs of notice and administration of the settlement. Any amount advanced from the Settlement Fund to pay for notice and administrative expenses shall not be included in calculating the amount of any request by Settlement Class Counsel for reimbursement for costs at Final Approval of the Settlement Agreement. Settlement Class Counsel must seek approval from the Court to withdraw from the Settlement Fund any amount greater than \$300,000 to cover costs related to issuing notice to the class and administration of the settlement, including issuance of settlement checks to Settlement Class members. Settlement Class Counsel will request approval from the Court for attorneys' fees in an amount not to exceed 1/3 of the Net Settlement Fund as set forth in Section 5.c of this Settlement Agreement. Settlement Class Counsel will not request additional fees or costs from any of the Released Parties other than the above-referenced sums. Defendant agrees not to oppose reimbursement from the Settlement Fund of reasonable expenses incurred in sending notice to the Settlement Class and in administering the Settlement Fund except as set forth above. Settlement Class Counsel shall file a petition for an award of attorney's fees and costs no less than 28 days prior to the deadline set by the Court in the Preliminary Approval Order to submit claims, opt out or object to the Settlement Agreement. Settlement Class Counsel shall file an accounting detailing the disbursement of the Settlement Fund on or before the date ordered by the Court in the Final Approval Order.

14. Settlement Class Notice Program. The Parties believe that the following notice program provides notice to the Settlement Class members in the best practicable manner.

Within 5 days of entry of the Preliminary Approval Order, Defendant shall provide the Settlement Class Administrator and Settlement Class Counsel with the Class List in electronic format specifically identifying the Settlement Class members by fax number and indicating the number of Transactional Faxes and Non-Transaction Faxes successfully sent to the fax number during the Class Period and providing, where available in the records of Defendant, the Settlement Class member's name; fax number; email address; and mailing address which are associated or linked to the fax number.

- a. Facsimile Notice. Within 35 days of entry of the Preliminary Approval Order, the Settlement Class Administrator shall cause the notice and claim form in the form of Exhibit 2 to be sent to the facsimile numbers of the Settlement Class members identified on the Class List. Within 21 days of the date that the notice was first sent by facsimile, the Settlement Class Administrator shall send Exhibit 2 by facsimile a second time to each Settlement Class Member identified on the Class List who did not submit a claim form or otherwise respond to the class notice by that date. The Settlement Class Administrator shall make at least three attempts to transmit the notice by facsimile to those numbers where the initial transmission failed.
- b. Mail Notice. If the Notice is not successfully transmitted to a Settlement Class Member via facsimile as described above, then the Settlement Class Administrator shall cause the Notice to be transmitted to such Settlement Class Member via U.S. Mail to the most recent address contained in the records of Defendant for the Settlement Class member. If no address is available in the records of Defendant, the Settlement Class Administrator shall perform a search utilizing the name and fax number of Settlement Class Member and may deliver Notice to any address reasonably identified as a Settlement Class Member entitled to receive Notice. A National Change of Address update shall be performed before mailing the Mail Notice. For mailed Notices which are returned as undeliverable without a forwarding address, reasonable skip tracing efforts to ascertain the addresses of such Settlement Class members shall be performed by the Settlement Class Administrator. All costs of skip tracing will be considered Settlement Costs and paid from the Settlement Fund. The form of E-mail Notice and Mail Notice shall be substantially similar to Exhibit 2 and the format of the Notice may be modified to facilitate mailing.
- c. Website Notice. In addition to the Settlement Class Notice Program set forth above, the Claims Administrator will establish and maintain a Settlement Website dedicated to the Settlement, on which will be posted

the Notice, Claim Form, the Complaint, a copy of this Agreement, Preliminary Approval Order, the Website Notice, in the form attached hereto as Exhibit 3, and any other materials the Parties agree to include. The Settlement Website shall also provide for online submission of Claim Forms. These documents shall be available on the Settlement Website on the date of Preliminary Approval. The Settlement Class Administrator shall secure a URL for the Settlement Website agreeable to Settlement Class Counsel and Defendant. The Settlement Website URL shall be terminated and removed from the internet within 30 days after the Effective Date.

Settlement Class Counsel will also post the notice in the form of Exhibit 3, and this Settlement Agreement (excluding exhibits) on its website. Settlement Class Counsel and the Settlement Class Administrator shall provide any Settlement Class Member who contacts either of them and requests a copy of the notice and/or the Claim Form with the Facsimile Notice, Email Notice or Mail Notice in the form of Exhibit 3 and/or Claim Form as requested.

- d. Class Action Fairness Act ("CAFA") Notice. Defendant shall be responsible for timely compliance with all CAFA notice requirements.
- e. Retention of Documents. Settlement Class Counsel and/or the Settlement Class Administrator shall retain all documents and records generated during the administration of the settlement including records of notice given to Settlement Class Members, confirmations of transmittals of such notices by facsimile, unconfirmed facsimile transmissions, records of undelivered mail, claim forms, and payment to Settlement Class Members for a period of one year following the issuance of the Final Approval Order, and the expiration of all deadlines for appeal therefrom. Defendant may inspect such documents, upon reasonable request by its counsel. The Class List and all other documents and records provided to Settlement Class Counsel or the Settlement Class Administrator or which are generated during the administration of the settlement shall be treated as confidential and used solely for purposes consistent with notice and administration of this settlement and for no other purpose.

15. Claim Validation. The Settlement Class Administrator shall match the information provided by the Settlement Class Member on a returned claim form to a corresponding fax number on the Class List. The Settlement Claims Administrator shall also determine whether the claim is a duplicate, whether the Claim Form is signed and examine the Claim Form for completeness, validity and accuracy. If the information on the Claim Form does

not match the information in the Class List, then the Settlement Class Administrator shall issue a claim denial letter or notice via fax (to the fax number indicated on the claim) or via mail or email (to the addresses indicated on the claim form) to the person or entity who submitted the claim advising them that the claim has been rejected and that they may contact the Settlement Class Administrator if they wish to dispute the rejection of the claim.

If the information provided on a Claim Form does not match the information on the Class List, and any follow-up with the Settlement Class Member has not resolved the issue, Settlement Class Counsel or the Settlement Class Administrator may disallow the claim. If a claim is deemed disallowed by the Settlement Class Administrator, then Settlement Class Counsel shall be allowed an opportunity to investigate the basis for disallowing the claim. In the event the Parties disagree as to the validity of any submitted Claim Form or whether to disallow a claim, Settlement Class Counsel will present (or allow the Settlement Class Member to present) the disputed claim to the Court for resolution.

In the event that the recovery under this Agreement for a Settlement Class Member is more than \$599.99, such Settlement Class Members will be required to submit a W-9 form. The W-9 forms will be issued by the Settlement Class Administrator to Settlement Class members who will receive a recovery in excess of \$599.99 within 21 days after entry of the Final Approval Order and before any settlement checks are issued. Settlement Class members will have 30 days to respond to a request to complete a W-9 form issued by the Settlement Class Administrator. If a Settlement Class Member who is issued a notice requesting submission of a W-9 form does not submit a W-9 form, their recovery may be adjusted for tax withholding or limited to \$599.99. If W-9 forms need to be collected, certain dates set forth in paragraphs 6, 9 and 10 are reset and calculated as follows: within 30 days following the expiration of time for Settlement Class

members to complete a W-9 form, Settlement Class Counsel or the Settlement Class Administrator shall make payment to the Settlement Class members who have submitted valid claims in accordance with paragraph 16. Settlement checks issued to the Settlement Class members will be void 60 days from date of issuance. Within 30 days following the void date on the Settlement Class members' checks, any uncashed checks or unclaimed or undistributed funds, shall be disbursed to one or more *cy pres* charities selected by agreement of the Parties, subject to court approval, and the right of the Court to select another alternative *cy pres* recipient without affecting the enforceability of this Agreement.

16. Right to Object. Any Settlement Class Member may object to the Settlement Agreement and appear in person or through counsel in the Litigation, at his, her or its own expense. The deadline to object shall be set by the Court in the Preliminary Approval Order and the Parties shall propose that it be at least 60 days after the entry of such order. Any Settlement Class Member may object to the Settlement Agreement by filing with the Court and mailing a copy of the objection to Settlement Class Counsel and Defendant's Counsel. Any objection must include: (a) the name, address, and facsimile phone number of the person(s) or entity objecting to the Settlement Agreement; (b) a statement of the objection to the Settlement Agreement; (c) an explanation of the legal and factual basis for the objection; and (d) documentation, if any, to support the objection.

17. Right of Exclusion. All Settlement Class members who properly file a timely written request for exclusion from the Settlement Class shall be excluded from the Settlement Class and shall have no rights as Settlement Class members pursuant to this Settlement Agreement. A request for exclusion must be in writing and state the name, address, and facsimile phone number (to which fax was sent) of the person(s) or entity seeking exclusion.

Each request must also contain a signed statement providing that: "I/we hereby request that I/we be excluded from the proposed Settlement Class in the Litigation." The request must be mailed to Settlement Class Counsel or the Settlement Class Administrator at the address provided in the notice and postmarked or received by Settlement Class Counsel or the Settlement Class Administrator on such date as set by the Court. A request for exclusion that does not include all of the foregoing information, or that is sent to an address other than the one designated in the notice, or that is not postmarked or received by Settlement Class Counsel or the Settlement Class Administrator within the time specified, shall be invalid and the person(s) serving such a request shall remain a Settlement Class Member and shall be bound by the terms of the Settlement Agreement, if approved. Settlement Class members shall have at least 60 days from the date of entry of the Preliminary Approval Order to opt out of the Settlement.

18. Preliminary Approval. As soon as practicable after execution of this Settlement Agreement, Settlement Class Counsel shall file a Motion for Preliminary Approval of this Settlement Agreement and shall present such motion to the Court requesting the entry of a Preliminary Approval Order substantially in the form of Exhibit 4 or in such other form which is mutually acceptable to the Parties.

19. Final Approval. Settlement Class Counsel shall file a memorandum in support of final approval of the settlement, which shall include Settlement Class Counsel's request for an award of attorneys' fees and costs, at least 7 days prior to the date the Court sets for the final approval hearing. The Parties shall request the Court to enter a Final Approval Order substantially in the form of Exhibit 5, or in another form which is mutually acceptable to the Parties. Pursuant to the Class Action Fairness Act, the Final Approval Order shall not be entered until the expiration of at least 90 days from the date the Preliminary Approval Order was

entered. Entry of a Final Approval Order substantially in the form of Exhibit 5 or in another form which is mutually acceptable to the Parties is a condition precedent to this Settlement Agreement becoming fully effective. In the event a Final Approval Order substantially in the form of Exhibit 5 or in another form which is mutually acceptable to the Parties is not entered, then this Settlement Agreement shall be null and void and is rescinded and the Preliminary Approval Order and any other orders entered by the Court in connection with the settlement of this Litigation shall be vacated and the Parties shall be returned to the position they were in prior to the execution of this Settlement Agreement and this Litigation shall proceed as though this Settlement Agreement was never executed.

20. The fact that the Court may require non-substantive changes to documents attached as Exhibits 1 through 5 does not invalidate this Settlement Agreement.

21. Release of Attorneys' Lien. In consideration of this Settlement Agreement, Settlement Class Counsel hereby waives, discharges and releases the Released Parties, of and from any and all claims for attorneys' fees, by lien or otherwise, for legal services rendered by Settlement Class Counsel in connection with this Litigation, other than the amount awarded by the Court as specified above.

22. Delivery of Settlement Fund. Defendant, or persons acting on its behalf, shall, no less than five (5) business days prior to the date set by the Court for Final Approval of the Settlement, issue a check or wire the amount of the Settlement Fund, less any amounts advanced by Defendant for class notice and administration costs, to the Client Trust Account of Settlement Class Counsel and Settlement Class Counsel agrees to hold such funds in trust for the benefit of the Settlement Class and shall not disburse any funds from the Settlement Fund unless in accordance with this Settlement Agreement or as ordered by the Court. Upon making

complete payment of the amount of the Settlement Fund, Defendant shall have no further payment obligation regarding this Agreement.

23. Right to Set Aside Settlement Agreement. Defendant, in its sole and absolute discretion, shall have the right, but not the obligation, to set aside or rescind this Settlement Agreement, if more than 200 Settlement Class Members submit non-duplicative, timely and valid requests for exclusion from the Settlement Class. Defendant must timely exercise its right to rescind this Settlement Agreement by filing a Notice of Rescission with the Clerk of the Court prior to the entry of a Final Approval Order by the Court.

24. Applicable Law. This Settlement Agreement shall be governed by and interpreted in accordance with the state law of the State of Illinois.

25. Miscellaneous Provisions. The Parties and their attorneys agree to cooperate fully with one another in seeking approval of this Settlement Agreement, and to use their best efforts to effect the consummation of this Settlement Agreement and the settlement provided for herein. Whether or not this Settlement Agreement and the settlement contemplated hereunder are consummated, this Settlement Agreement and the proceedings had in connection herewith shall in no event be construed as, or be deemed to be, evidence of an admission or concession on the part of Defendant of any liability or wrongdoing whatsoever. Settlement Class Counsel shall supervise the activities of the Settlement Class Administrator to ensure they are in conformance with the requirements of this Agreement and shall ensure that the Settlement Class Administrator provides adequate security for any Settlement Funds turned over to the Settlement Class Administrator.

26. Benefit of this Settlement Agreement. This Settlement Agreement shall be binding upon and inure to the benefit of the Plaintiff, the Released Parties and Settlement

Class members, as these terms are defined in this Agreement, and each of their respective successors and personal representatives, predecessors, affiliates, heirs, executors and assigns. It is expressly understood by the Parties that the individuals or entities who are Released Parties that are not a Party to this Settlement Agreement are intended third-party beneficiaries of this Settlement Agreement.

27. Authority. The Parties hereby represent to one another that they have full power and authority to enter into this Settlement Agreement and carry out their obligations.

28. Entire Agreement. Any and all prior understandings and agreements between the Parties with respect to the subject matter of this Settlement Agreement are merged into and with this Settlement Agreement, which fully and completely expresses the entire agreement and understanding of the Parties with respect to the subject matter hereof. This Settlement Agreement may be amended, modified or changed only by a written instrument or instruments executed by duly authorized officers or other representatives of the Parties expressly amending, modifying or changing this Settlement Agreement and may not be amended, modified or changed orally.

29. Counterparts. This Settlement Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute the same instrument. Signatures provided by facsimile or e-mail shall be deemed legal and binding for all purposes.

30. Headings. The headings in this Settlement Agreement are for convenience of reference only and are not to be taken to be a part of the provisions of this Settlement Agreement, nor to control or affect meanings, constructions or the effect of the same.

IN WITNESS WHEREOF, the Parties have caused this Settlement Agreement to be duly executed and delivered by their duly authorized representatives on the date last written below.

PLAINTIFF

Podiatry In Motion, Inc.

By:  _____

Its: PRESIDENT _____

Date: 5/27/16 _____

DEFENDANT

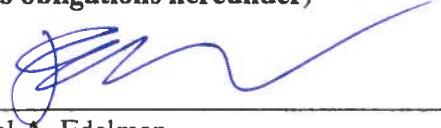
CoverMyMeds, LLC

By: _____

Its: _____

Date: _____

SETTLEMENT CLASS COUNSEL
(for its obligations hereunder)



Daniel A. Edelman
Julie Clark
EDELMAN, COMBS, LATTURNER
& GOODWIN, LLC
20 S. Clark Street, Suite 1500
Chicago, IL 60603
(312) 739-4200
(312) 419-0379 (FAX)
Counsel for Plaintiff and the Settlement Class

Date: May 27, 2016 _____

IN WITNESS WHEREOF, the Parties have caused this Settlement Agreement to be duly executed and delivered by their duly authorized representatives on the date last written below.

PLAINTIFF

Podiatry In Motion, Inc.

By: _____

Its: _____

Date: _____

DEFENDANT

CoverMyMeds, LLC

By:  _____

Its: Matt Scantland
Chief Executive Officer

Date: May 26, 2016

SETTLEMENT CLASS COUNSEL
(for its obligations hereunder)

Daniel A. Edelman
Julie Clark
EDELMAN, COMBS, LATTURNER
& GOODWIN, LLC
20 S. Clark Street, Suite 1500
Chicago, IL 60603
(312) 739-4200
(312) 419-0379 (FAX)
Counsel for Plaintiff and the Settlement Class

Date: _____

EXHIBIT 1

EXHIBIT 1
DEFINITION OF FAXES COVERED BY SETTLEMENT

This exhibit defines the facsimiles which are covered by the settlement in this case. The following two categories of facsimiles that were sent during the period February 29, 2012 through the date of the preliminary approval order in this action are covered by the Settlement Agreement. By way of illustration and not limitation, “substantially similar” as used in Exhibit 1 means any facsimile which is similar in content or purpose to the example facsimile contained in Exhibit 1.

A. TRANSACTIONAL FAXES

The term “Transactional Faxes” as used in the Settlement Agreement and Class Definition means the following facsimiles or facsimiles which are substantially similar to the following facsimiles. It should be noted that in some cases the facsimile template referred to below is varied by inserting or interchanging various logos or company names to reflect different companies involved and additional text. For example Fax Template Number 4 is an example of an enrollment form for a patient assistance program for a particular drug, in this case Gleevec. Other similar enrollment forms for patient assistance programs exist and would obviously have a different format and other language. However, the purpose of the form remains the same – namely to enroll a patient in an assistance program for a particular drug. The following Transactional Faxes are covered by this settlement and Transactional Faxes as used in the Settlement Agreement means the following facsimiles or those facsimiles substantially similar in purpose to the following facsimiles:

1. **Fax Template No. 2** (Exhibit 1-A-1; bates number CMM-001-000030) including faxes which are substantially similar in purpose to Fax Template No. 2 – namely faxes sent to a prescriber requesting completion of a prior authorization form.

2. **Fax Template No. 4** (Exhibit 1-A-2; bates number CMM-001-000031 to 37) including other similar facsimiles which are forms (and any associated cover pages) to enroll patients in patient assistance programs. The cited form is an example.

3. **Fax Template No. 6** (Exhibit 1-A-3; bates number CMM-001-000038 to 40) including other similar facsimiles which are forms initiating a request to a prescriber/healthcare provider to complete a prior authorization form and include a cover sheet (CMM-001-000039) and an accompanying prior authorization form which will vary depending upon the health plan and drug involved (the example of the form cited is at the pages bates numbered CMM-001-000039 to 40 and different forms are used. The cited form is an example.

4. **Fax Template No. 7** (Exhibit 1-A-4; bates number CMM-001-000041) including similar facsimiles which are forms sent to prescribers to complete an electronic prior authorization form. The actual contents of the form including logos displayed will vary depending upon the patient's health plan. The cited form is an example.

B. NON-TRANSACTIONAL FAXES

The term “Non-Transactional Faxes” as used in the Settlement Agreement and Class Definition means the following facsimiles or facsimiles which are substantially similar to the following facsimiles. It should be noted that in some cases the facsimile template referred to below is varied by inserting or interchanging various logos or company names to reflect different companies involved and additional text. The following Non-Transactional Faxes are covered by this settlement and Non-Transactional Faxes as used in the Settlement Agreement means the

following facsimiles or those facsimiles substantially similar in purpose to the following facsimiles:

1. **Fax Template No. 10** (Exhibit 1-B-1; bates numbered CMM-001-000042)
including any facsimiles substantially similar thereto.
2. **Fax Template No. 11** (Exhibit 1-B-2; bates numbered CMM-001-000043-44)
including any facsimiles substantially similar thereto.
3. **Fax Template No. 12** (Exhibit 1-B-3; bates numbered CMM-001-000045)
including any facsimiles substantially similar thereto.
4. **Fax Template No. 13** (Exhibit 1-B-4; bates numbered CMM-001-000046)
including any facsimiles substantially similar thereto.
5. **Fax Template No. 14** (Exhibit 1-B-5; bates numbered CMM-001-000047)
including any facsimiles substantially similar thereto.
6. **Fax Template No. 15** (Exhibit 1-B-6; bates numbered CMM-001-000048)
including any facsimiles substantially similar thereto.
7. **Fax Template No. 16** (Exhibit 1-B-7; bates numbered CMM-001-000049)
including any facsimiles substantially similar thereto.
8. **Fax Template No. 17** (Exhibit 1-B-8; bates numbered CMM-001-000050)
including any facsimiles substantially similar thereto.
9. **Fax Template No. 18** (Exhibit 1-B-9; bates numbered CMM-001-000051)
including any facsimiles substantially similar thereto.
10. **Fax Template No. 19** (Exhibit 1-B-10; bates numbered CMM-001-000051-2)
including any facsimiles substantially similar thereto.

- 11. Fax Template No. 20** (Exhibit 1-B-11; bates numbered CMM-001-000054)
including any facsimiles substantially similar thereto.
- 12. Fax Template No. 21** (Exhibit 1-B-12; bates numbered CMM-001-000055)
including any facsimiles substantially similar thereto.
- 13. Fax Template No. 22** (Exhibit 1-B-13; bates numbered CMM-001-000056 to 58)
including any facsimiles substantially similar thereto.
- 14. Fax Template No. 23** (Exhibit 1-B-14; bates numbered CMM-001-000059)
including any facsimiles substantially similar thereto.
- 15. Fax Template No. 24** (Exhibit 1-B-15; bates numbered CMM-001-000060)
including any facsimiles substantially similar thereto.
- 16. Fax Template No. 25** (Exhibit 1-B-16; bates numbered CMM-001-000061)
including any facsimiles substantially similar thereto.
- 17. Fax Template No. 26** (Exhibit 1-B-17; bates numbered CMM-001-000062)
including any facsimiles substantially similar thereto.
- 18. Fax Template No. 27** (Exhibit 1-B-18; bates numbered CMM-001-000063)
including any facsimiles substantially similar thereto.
- 19. Fax Template No. 28** (Exhibit 1-B-19; bates numbered CMM-001-000064-66)
including any facsimiles substantially similar thereto.
- 20. Fax Template No. 29** (Exhibit 1-B-20; bates numbered CMM-001-000067)
including any facsimiles substantially similar thereto.
- 21. Fax Template No. 30** (Exhibit 1-B-21; bates numbered CMM-001-000068-69)
including any facsimiles substantially similar thereto.

- 22. Fax Template No. 31** (Exhibit 1-B-22; bates numbered CMM-001-000070)
including any facsimiles substantially similar thereto.
- 23. Fax Template No. 32** (Exhibit 1-B-23; bates numbered CMM-001-000071)
including any facsimiles substantially similar thereto.
- 24. Fax Template No. 33** (Exhibit 1-B-24; bates numbered CMM-001-000072)
including any facsimiles substantially similar thereto.
- 25. Fax Template No. 34** (Exhibit 1-B-25; bates numbered CMM-001-000073)
including any facsimiles substantially similar thereto.
- 26. Fax Template No. 35** (Exhibit 1-B-26; bates numbered CMM-001-000074)
including any facsimiles substantially similar thereto. This is also Exhibit A to the Complaint.
- 27. Fax Template No. 36** (Exhibit 1-B-27; bates numbered CMM-001-000075)
including any facsimiles substantially similar thereto.
- 28. Fax Template No. 37** (Exhibit 1-B-28; bates numbered CMM-001-000076)
including any facsimiles substantially similar thereto.
- 29. Fax Template No. 38** (Exhibit 1-B-29; bates numbered CMM-001-000077)
including any facsimiles substantially similar thereto.
- 30. Fax Template No. 39** (Exhibit 1-B-30; bates numbered CMM-001-000078)
including any facsimiles substantially similar thereto.
- 31. Fax Template No. 40** (Exhibit 1-B-31; bates numbered CMM-001-000079)
including any facsimiles substantially similar thereto.
- 32. Fax Template No. 41** (Exhibit 1-B-32; bates numbered CMM-001-000080)
including any facsimiles substantially similar thereto.

- 33. Fax Template No. 42** (Exhibit 1-B-33; bates numbered CMM-001-000081)
including any facsimiles substantially similar thereto.
- 34. Fax Template No. 43** (Exhibit 1-B-34; bates numbered CMM-001-000082)
including any facsimiles substantially similar thereto.
- 35. Fax Template No. 44** (Exhibit 1-B-35; bates numbered CMM-001-000083)
including any facsimiles substantially similar thereto.
- 36. Fax Template No. 45** (Exhibit 1-B-36; bates numbered CMM-001-000084)
including any facsimiles substantially similar thereto.
- 37. Fax Template No. 46** (Exhibit 1-B-37; bates numbered CMM-001-000085)
including any facsimiles substantially similar thereto with logos of other health plans, benefits managers or entities.
- 38. Fax Template No. 47** (Exhibit 1-B-38; bates numbered CMM-001-000086)
including any facsimiles substantially similar thereto which may have been issued for other health plans, benefits managers or entities.
- 39. Fax Template No. 48** (Exhibit 1-B-39; bates numbered CMM-001-000087)
including any facsimiles substantially similar thereto which may have been issued for other health plans, benefits managers or entities.
- 40. Fax Template No. 49** (Exhibit 1-B-40; bates numbered CMM-001-000088)
including any facsimiles substantially similar thereto.
- 41. Fax Template No. 50** (Exhibit 1-B-41; bates numbered CMM-001-000089)
including any facsimiles substantially similar thereto.
- 42. Fax Template No. 51** (Exhibit 1-B-42; bates numbered CMM-001-000090)
including any facsimiles substantially similar thereto.

43. Fax Template No. 52 (Exhibit 1-B-43; bates numbered CMM-001-000091)

including any facsimiles substantially similar thereto .

44. Fax Template No. 53 (Exhibit 1-B-44; bates numbered CMM-001-000092)

including any facsimiles substantially similar thereto.

45. Fax Template No. 54 (Exhibit 1-B-45; bates numbered CMM-001-000093)

including any facsimiles substantially similar thereto.

46. Fax Template No. 55 (Exhibit 1-B-46; bates numbered CMM-001-000094)

including any facsimiles substantially similar thereto.

47. Fax Template No. 56 (Exhibit 1-B-47; bates numbered CMM-001-000095)

including any facsimiles substantially similar thereto.

48. Fax Template No. 57 (Exhibit 1-B-48; bates numbered CMM-001-000096)

including any facsimiles substantially similar thereto.

49. Fax Template No. 58 (Exhibit 1-B-49; bates numbered CMM-001-000097)

including any facsimiles substantially similar thereto.

50. Fax Template No. 59 (Exhibit 1-B-50; bates numbered CMM-001-000098)

including any facsimiles substantially similar thereto.

51. Fax Template No. 60 (Exhibit 1-B-51; bates numbered CMM-001-000099-100)

including any facsimiles substantially similar thereto.

52. Fax Template No. 61 (Exhibit 1-B-52; bates numbered CMM-001-0000101)

including any facsimiles substantially similar thereto which may have been issued for other health plans, benefits managers or entities.

53. Fax Template No. 62 (Exhibit 1-B-53; bates numbered CMM-001-000102-3)

including any facsimiles substantially similar thereto.

54. Fax Template No. 63 (Exhibit 1-B-54; bates numbered CMM-001-000104)

including any facsimiles substantially similar thereto.

55. Fax Template No. 64 (Exhibit 1-B-55; bates numbered CMM-001-000105)

including any facsimiles substantially similar thereto.

56. Fax Template No. 65 (Exhibit 1-B-56; bates numbered CMM-001-000106)

including any facsimiles substantially similar thereto.

57. Fax Template No. 66 (Exhibit 1-B-57; bates numbered CMM-001-000107)

including any facsimiles substantially similar thereto.

58. Fax Template No. 67 (Exhibit 1-B-58; bates numbered CMM-001-000108-9)

including any facsimiles substantially similar thereto.

59. Fax Template No. 68 (Exhibit 1-B-59; bates numbered CMM-001-000110)

including any facsimiles substantially similar thereto.

60. Fax Template No. 69 (Exhibit 1-B-60; bates numbered CMM-001-000111)

including any facsimiles substantially similar thereto.

61. Fax Template No. 70 (Exhibit 1-B-61; bates numbered CMM-001-000112)

including any facsimiles substantially similar thereto.

62. Fax Template No. 71 (Exhibit 1-B-62; bates numbered CMM-001-000113-4)

including any facsimiles substantially similar thereto.

63. Fax Template No. 72 (Exhibit 1-B-63; bates numbered CMM-001-000115)

including any facsimiles substantially similar thereto.

64. Fax Template No. 73 (Exhibit 1-B-64; bates numbered CMM-001-000116-17)

including any facsimiles substantially similar thereto.

65. Fax Template No. 74 (Exhibit 1-B-65; bates numbered CMM-001-000118-19)
including any facsimiles substantially similar thereto.

66. Fax Template No. 75 (Exhibit 1-B-66; bates numbered CMM-001-000120-21)
including any facsimiles substantially similar thereto.

67. Fax Template No. 76 (Exhibit 1-B-67; bates numbered CMM-001-000122)
including any facsimiles substantially similar thereto.

68. Fax Template No. 77 (Exhibit 1-B-68; bates numbered CMM-001-000123-24)
including any facsimiles substantially similar thereto.

69. Fax Template No. 78 (Exhibit 1-B-69; bates numbered CMM-001-000125)
including any facsimiles substantially similar thereto.

70. Fax Template No. 79 (Exhibit 1-B-70; bates numbered CMM-001-000126)
including any facsimiles substantially similar thereto.

71. Fax Template No. 80 (Exhibit 1-B-71; bates numbered CMM-001-000127)
including any facsimiles substantially similar thereto.

72. Fax Template No. 81 (Exhibit 1-B-72; bates numbered CMM-001-000128)
including any facsimiles substantially similar thereto.

73. Fax Template No. 82 (Exhibit 1-B-73; bates numbered CMM-001-000129)
including any facsimiles substantially similar thereto.

74. Fax Template No. 83 (Exhibit 1-B-74; bates numbered CMM-001-000130)
including any facsimiles substantially similar thereto.

75. Fax Template No. 84 (Exhibit 1-B-75; bates numbered CMM-001-000131)
including any facsimiles substantially similar thereto.

- 76. Fax Template No. 85** (Exhibit 1-B-76; bates numbered CMM-001-000132)
including any facsimiles substantially similar thereto.
- 77. Fax Template No. 86** (Exhibit 1-B-77; bates numbered CMM-001-000133)
including any facsimiles substantially similar thereto.
- 78. Fax Template No. 87** (Exhibit 1-B-78; bates numbered CMM-001-000134)
including any facsimiles substantially similar thereto.
- 79. Fax Template No. 88** (Exhibit 1-B-79; bates numbered CMM-001-000135)
including any facsimiles substantially similar thereto.
- 80. Fax Template No. 89** (Exhibit 1-B-80; bates numbered CMM-001-000136)
including any facsimiles substantially similar thereto.
- 81. Fax Template No. 90** (Exhibit 1-B-81; bates numbered CMM-001-000137-8)
including any facsimiles substantially similar thereto.
- 82. Fax Template No. 91** (Exhibit 1-B-82; bates numbered CMM-001-000139)
including any facsimiles substantially similar thereto.
- 83. Fax Template No. 92** (Exhibit 1-B-83; bates numbered CMM-001-000140-2)
including any facsimiles substantially similar thereto.
- 84. Fax Template No. 93** (Exhibit 1-B-84; bates numbered CMM-001-000143)
including any facsimiles substantially similar thereto.
- 85. Fax Template No. 94** (Exhibit 1-B-85; bates numbered CMM-001-000144)
including any facsimiles substantially similar thereto.

EXHIBIT A

TRANSACTIONAL FAXES

EXHIBIT 1-A-1

Attn: Prior Authorization Staff

Complete the PA Started for Your Patient by CareSource

CareSource started an electronic prior authorization (ePA) to accelerate the PA process for you. You are required to complete the PA online. By doing so, you will receive the fastest determination.

To submit the PA:

1. Visit **key.covermymeds.com** and click “**enter a key**”
2. Enter the patient's last name, date of birth and the key
 1. Key:
 2. Patient Last Name:
 3. Patient Date of Birth:
3. Finish the request by completing any red “Required” fields, and click “**Send to Plan.**”

Many electronic requests receive an immediate response from CareSource.

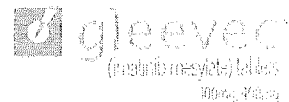
ePA is CareSource's preferred method to receive and respond to all prior authorization requests. Please submit all PA requests through **covermymeds.com**.

Thank you,
CareSource

Questions? Chat live at key.covermymeds.com or call 1-866-452-5017.

EXHIBIT NO. 1-A-2

GLEEVEC PATIENT SUPPORT PROGRAM Enrollment Form



PHONE: 1-866-GLEEVEC (453-3832)

® (imatinib mesylate) prescription.

Test	Patient	
Patient First Name	Patient Last Name	
Patient Address		
Patient City/Town	Patient State	Patient ZIP Code

The patient is taking: select one - required*

- ☐ GLEEVEC for KIT+ GIST (for how long?) _____
- ☐ GLEEVEC for Ph+ CML (for how long?) _____
- ☐ GLEEVEC for another FDA-approved use (see below)

*Only patients currently on GLEEVEC can enroll in the GLEEVEC Patient Support program.

Continued on next page

Important Information

GLEEVEC® (imatinib mesylate) is available only by prescription.

GLEEVEC tablets are indicated for:

- Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in the chronic phase
- Patients with Ph+ CML in blast crisis (BC), accelerated phase (AP), or in the chronic phase (CP) after failure of interferon-alpha therapy
- Adult patients with relapsed or refractory Ph+ acute lymphoblastic leukemia (Ph+ ALL)
- Pediatric patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL) in combination with chemotherapy
- Adult patients with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with PDGFR (platelet-derived growth factor receptor) gene rearrangements
- Adult patients with aggressive systemic mastocytosis (ASM) without the D816V c-KIT mutation or with c-KIT mutational status unknown

Please see Privacy Notice on page 7.

Please visit

EXHIBIT NO. 1-A-2

Continued from previous page

01/01/1900

Patient Date of Birth (Month, Year)

Please provide your email address to enroll in receiving emails from the GLEEVEC® (imatinib mesylate) Patient Support program.

Email Address

Please provide your phone number to enroll in receiving telephone calls from the GLEEVEC Patient Support program. I understand that my cell phone carrier's standard rates may apply for calls to my cell phone.

Phone Number

May we leave a message if unable to reach you?

☐ Yes

☐ No

Continues on next page

(cont'd)

- Adult patients with hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL) who have the FIP1L1-PDGFRα fusion kinase and for patients with HES and/or CEL who are FIP1L1-PDGFRα fusion kinase negative or unknown
- Adult patients with unresectable, recurrent, and/or metastatic dermatofibrosarcoma protuberans (DFSP)
- Patients with KIT(CD117)-positive gastrointestinal stromal tumors (GIST) that cannot be surgically removed and/or have spread to other parts of the body
- Adult patients after surgery who have had their KIT (CD117)-positive GIST completely removed

Important Safety Information

Who Should NOT Take GLEEVEC

- Women who are or could be pregnant. Harm to the unborn child can occur when administered to pregnant women. Therefore, women should not become pregnant and should be advised of the potential risk to the unborn child if GLEEVEC® (imatinib mesylate) is used during pregnancy
- Women who are breastfeeding because of the potential for serious adverse reactions in nursing infants

Please see Privacy Notice on page 7.

Please visit

FAX TEMPLATE NO. 4

CMM-001-000032

EXHIBIT NO. 1-A-2

Continued from previous page

I understand that my pharmacy, health insurer(s), and health care providers may receive remuneration (payment) from the Novartis Pharmaceuticals Corporation in exchange for disclosing my Personal Information to Novartis Pharmaceuticals Corporation and/or for providing me with therapy support services.

I understand that once my Personal Information is disclosed, it may no longer be protected by federal privacy law. I understand that I may refuse to sign this authorization. I also may revoke (withdraw) this authorization at any time in the future by calling 1-888-NOW-NOVA (1-888-669-6682) Monday through Friday, 8:30 AM to 5:00 PM ET, or by writing to the Customer Interaction Center, Novartis Pharmaceuticals Corporation, One Health Plaza, East Hanover, NJ 07936-1080. Please include "GLEEVEC Patient Support program" in your written communication. Please allow 30 calendar days to process your request. My refusal or future revocation will not affect the commencement or continuation of my treatment by my doctor(s); however, if I revoke this authorization, I may no longer be eligible to participate in the GLEEVEC Patient Support program. If I revoke this authorization, the Novartis Group will stop using or sharing my information (except as necessary to end my participation in the program) but my revocation will not affect uses and disclosures of my Personal Information previously disclosed in reliance upon this authorization. I understand that this authorization will remain valid for five (5) years after the date of my signature, unless I revoke it earlier. I also understand that the GLEEVEC Patient Support program may change or end at any time without prior notification. I understand that I may receive a copy of this authorization.

My Contact Information. I agree to be contacted by the Novartis Group by mail, email, and telephone calls at the number(s) and address(es) provided on the form for all purposes described in this Patient Authorization. I confirm that I am the subscriber for the telephone number(s) provided and the authorized user for the email address(es) provided, and I agree to notify the Novartis Group promptly if any of my number(s) or address(es) change in the future. I understand that my wireless service provider's message and data rates may apply.

I understand that Novartis Pharmaceuticals Corporation does not permit my Personal Information to be used by its business partners for their own separate marketing purposes. I understand and agree that Personal Information transmitted by email and cell phone cannot be secured against unauthorized access.

X

Date

Important Safety Information (cont'd)

Sexually active females should use highly effective birth control while taking GLEEVEC® (imatinib mesylate).

Be sure to talk to your doctor and/or health care professional about these issues before taking GLEEVEC.

Warnings and Precautions

- GLEEVEC is often associated with edema (swelling) and serious fluid retention (holding water). It is important that patients be weighed and monitored regularly for signs and symptoms of serious fluid retention or unexpected weight gain. Patients experiencing unexpected, rapid weight gain should speak to their doctor about appropriate supportive care treatment. Studies have shown that edema tended to occur more often among patients who are 65 and older or those taking higher doses of GLEEVEC. If you experience severe fluid retention, your doctor may treat you with diuretics and may stop your GLEEVEC treatment until the fluid retention has been managed. Treatment can be resumed as appropriate depending on the initial severity of the event
- Cytopenias (reduction or lack of certain cell elements in blood circulation) have occurred. Your doctor will test your blood weekly for the first month, biweekly for the second month, and periodically thereafter. In most cases, your doctor will reduce or interrupt your GLEEVEC therapy; in rare cases, if the cytopenia is severe, your doctor may discontinue treatment
- Congestive heart failure (impaired ability of the heart to pump blood) and left ventricular dysfunction (impaired functioning of the left side of the heart) have been reported, particularly in patients with other health issues and risk factors. Patients with heart disease or risk factors for heart disease or history of renal failure will be monitored and treated for the condition

Please see Privacy Notice on page 7.

Please visit
FAX TEMPLATE NO. 4

CMM-001-000033

Page 3 of 7

EXHIBIT NO. 1-A-2**Important Information**

GLEEVEC® (imatinib mesylate) is available only by prescription.

GLEEVEC tablets are indicated for:

- Newly diagnosed adult and pediatric patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in the chronic phase
- Patients with Ph+ CML in blast crisis (BC), accelerated phase (AP), or in the chronic phase (CP) after failure of interferon-alpha therapy
- Adult patients with relapsed or refractory Ph+ acute lymphoblastic leukemia (Ph+ ALL)
- Pediatric patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL) in combination with chemotherapy
- Adult patients with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with PDGFR (platelet-derived growth factor receptor) gene rearrangements
- Adult patients with aggressive systemic mastocytosis (ASM) without the D816V c-KIT mutation or with c-KIT mutational status unknown
- Adult patients with hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL) who have the FIP1L1-PDGFRα fusion kinase and for patients with HES and/or CEL who are FIP1L1-PDGFRα fusion kinase negative or unknown
- Adult patients with unresectable, recurrent, and/or metastatic dermatofibrosarcoma protuberans (DFSP)
- Patients with KIT(CD117)-positive gastrointestinal stromal tumors (GIST) that cannot be surgically removed and/or have spread to other parts of the body
- Adult patients after surgery who have had their KIT (CD117)-positive GIST completely removed

Important Safety Information**Who Should NOT Take GLEEVEC**

- Women who are or could be pregnant. Harm to the unborn child can occur when administered to pregnant women. Therefore, women should not become pregnant and should be advised of the potential risk to the unborn child if GLEEVEC is used during pregnancy
- Women who are breastfeeding because of the potential for serious adverse reactions in nursing infants

Sexually active females should use highly effective birth control while taking GLEEVEC.

Be sure to talk to your doctor and/or health care professional about these issues before taking GLEEVEC.

Warnings and Precautions

- GLEEVEC is often associated with edema (swelling) and serious fluid retention (holding water). It is important that patients be weighed and monitored regularly for signs and symptoms of serious fluid retention or unexpected weight gain. Patients experiencing unexpected, rapid weight gain should speak to their doctor about appropriate supportive care treatment. Studies have shown that edema tended to occur more often among patients who are 65 and older or those taking higher doses of GLEEVEC. If you experience severe fluid retention, your doctor may treat you with diuretics and may stop your GLEEVEC treatment until the fluid retention has been managed. Treatment can be resumed as appropriate depending on the initial severity of the event
- Cytopenias (reduction or lack of certain cell elements in blood circulation) have occurred. Your doctor will test your blood weekly for the first month, biweekly for the second month, and periodically thereafter. In most cases, your doctor will reduce or interrupt your GLEEVEC therapy; in rare cases, if the cytopenia is severe, your doctor may discontinue treatment

EXHIBIT NO. 1-A-2

(cont'd)

- Congestive heart failure (impaired ability of the heart to pump blood) and left ventricular dysfunction (impaired functioning of the left side of the heart) have been reported, particularly in patients with other health issues and risk factors. Patients with heart disease or risk factors for heart disease or history of renal failure will be monitored and treated for the condition
- Severe liver problems (hepatotoxicity) may occur. Cases of fatal liver failure and severe liver injury requiring liver transplants have been reported with both short-term and long-term use of GLEEVEC[®] (imatinib mesylate). Your doctor will check your liver function before beginning treatment and continue to monitor liver function as needed. If you experience severe liver problems, your doctor may stop your treatment with GLEEVEC until the liver problem has been managed
- Bleeding may occur. Severe gastrointestinal (GI) bleeding has been reported in patients with Ph+ CML and KIT+ GIST. GI tumor sites may be the cause of this bleeding. GI perforation (small holes or tears in the wall of the stomach or intestine), in some cases fatal, has been reported
- In patients with hypereosinophilic syndrome (a condition with increased eosinophils, which are a type of white blood cell), eg, HES, MDS/MPD, or ASM and heart involvement, cases of heart disease have been associated with the initiation of GLEEVEC therapy. Speak to your doctor regarding appropriate supportive care or discontinuing GLEEVEC
- Skin reactions, such as fluid-filled blisters, have been reported with the use of GLEEVEC
- Clinical cases of hypothyroidism (reduction in thyroid hormones) have been reported in patients taking levothyroxine replacement during treatment with GLEEVEC. Your doctor should closely monitor your thyroid hormone levels
- GLEEVEC can cause harm to the unborn child when administered to a pregnant woman. Women should be aware of the potential harm to the fetus. Be sure to inform your doctor if you are or think you may be pregnant. You should not breastfeed while taking GLEEVEC
- Growth retardation (slowing of growth) has been reported in children taking GLEEVEC. The long-term effects of extended treatment with GLEEVEC on growth in children are unknown. Growth retardation may be monitored in children receiving treatment
- Cases of tumor lysis syndrome (TLS), which refers to an electrolyte disturbance caused by the breakdown of tumor cells, have been reported and can be life threatening in some instances. The patients at risk for TLS are those who have a higher number of tumor cells and whose tumors are fast growing before beginning therapy. Your doctor should monitor you closely and take appropriate precautions. Correction of clinically significant dehydration and treatment of high uric acid levels are recommended prior to initiation of GLEEVEC
- Motor vehicle accidents involving patients receiving GLEEVEC have been reported. Patients should be advised that they may experience undesirable effects such as dizziness, blurred vision, or drowsiness during treatment with GLEEVEC. Caution should be recommended when driving a car or operating machinery

Additional Important Safety Information

The following serious side effects have been reported by patients taking GLEEVEC:

- Severe fluid retention (holding water), which can cause swelling around the eyes or swelling of the lower legs, lungs, and heart; fatal in rare cases
- Increased pressure in the heart or brain; fatal in rare cases
- Low levels of certain blood cells
- Heart failure
- Liver problems
- Hemorrhage (abnormal bleeding)
- Skin blistering
- Low levels of thyroid hormone

Your doctor will check you closely for any side effects to stop more serious complications from occurring. Patients with heart disease or risk factors for heart failure should also be monitored carefully.

Please see Privacy Notice on page 7.

Please visit
FAX TEMPLATE NO. 4

CMM-001-000035

EXHIBIT NO. 1-A-2

(cont'd)

GLEEVEC® (imatinib mesylate) is sometimes associated with stomach or intestinal irritation. GLEEVEC should be taken with food and a large glass of water to minimize this problem. There have been rare reports, including deaths, of stomach or intestinal perforation (a small hole or tear).

If you are experiencing any of the above-mentioned side effects, please be sure to speak with your doctor immediately.

Common Side Effects of GLEEVEC

Almost all patients treated with GLEEVEC experience side effects at some time. Most side effects are mild to moderate in severity. Some common side effects that you may experience include:

- Fluid retention (holding water)
- Muscle cramps, pain, or bone pain
- Abdominal pain
- Anorexia (loss of appetite)
- Vomiting
- Diarrhea
- Decreased hemoglobin (decrease in blood cells which carry oxygen)
- Hemorrhage (abnormal bleeding)
- Nausea
- Fatigue
- Rash

If you are experiencing any of the above-mentioned side effects, please be sure to speak with your doctor immediately.

The severity of some side effects may be reduced with the help of other medicines and advice from your doctor, while others may require stopping GLEEVEC therapy for a while or changing the dose. However, in some cases, GLEEVEC therapy may need to be discontinued.

Tell your doctor if you have a history of heart disease or risk factors for heart disease or if you experience side effects, including fever, shortness of breath, blood in your stools, jaundice (yellowing of the skin and/or eyes), sudden weight gain, or symptoms of heart failure during therapy with GLEEVEC.

After the approval of GLEEVEC, the following adverse events have been reported in patients treated with GLEEVEC: compression of the heart due to increased fluid, swelling of the brain, GI perforation (holes in the stomach or intestine), and sudden lung failure. These events, including some fatalities, may or may not have been drug related.

Take GLEEVEC exactly as prescribed. Do not change your dose or stop taking GLEEVEC unless you are told to do so by your doctor. If you miss a dose, take your dose as soon as possible, unless it is almost time for your next dose. In this case, your missed dose should not be taken. A double dose should not be taken to make up for any missed dose. You should take GLEEVEC with a meal and a large glass of water.

Do not take any other medications without talking to your doctor or pharmacist first, including over-the-counter medications such as Tylenol® (acetaminophen); herbal products (St. John's wort, *Hypericum perforatum*); or prescription medications including Coumadin® (warfarin sodium); rifampin; erythromycin; metoprolol; ketoconazole; and Dilantin® (phenytoin). Taking these with GLEEVEC may affect how they work, or affect how GLEEVEC works.

You should also tell your doctor if you are taking or plan to take iron supplements. Patients should also avoid grapefruit juice and other foods that may affect how GLEEVEC works.

Tylenol (acetaminophen) is a registered trademark of McNeil Consumer & Specialty Pharmaceuticals, a division of McNeil PPC, Inc. Coumadin (warfarin sodium) is a registered trademark of Bristol-Myers Squibb Company. Dilantin (phenytoin) is a registered trademark of Parke-Davis, a division of Pfizer Inc.

Please see accompanying full Prescribing Information, which includes a more complete discussion of the risks associated with GLEEVEC.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Privacy Notice on page 7.

Please visit
FAX TEMPLATE NO. 4

CMM-001-000036

Page 6 of 7

EXHIBIT NO. 1-A-2

PRIVACY NOTICE

www.usprivacy.novartis.com

Please see Privacy Notice on page 7.

Please visit

Page 7 of 7



Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07930-1080
FAX TEMPLATE NO. 4

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11/15 CMM-001-000037
GLI-1126238

EXHIBIT 1-A-3

Prior Authorization Assistance by

**CoverMyMeds -
Suzygroups8**

Pharmacy Address:

130 E Chestnut
Columbus OH 43215tel (866) 452-5017
fax (615) 379-2541
email sbureau@covermymeds.com**Please complete a PA for Nuvigil
Action requested by 7/2/15.**

Dear Prior Authorization staff,

I started the prior authorization (PA) for your office. Please complete the form and submit this PA to the plan today so your patient can receive their medication.

To submit the PA for Buster Bluth:

1. Go to key.covermymeds.com and click "Enter a Key".
2. Enter the patient's last name and date of birth and the key.

Patient Last Name: Bluth**DOB:** 01/01/2014**Key:** A6XDRB

3. Complete the form, and click "Send to Plan" to send it to the plan for approval.

Alternatively, complete the included form and manually fax it to the plan.

Create an Account: Create a free account at CoverMyMeds.com so you can electronically submit this PA to the plan, along with any other PAs I start for your patients. Your office also will be able to start PAs for any drug and any plan and manage any necessary PA follow-up in one place.

If your office uses NaviNet, there is no need to create a CoverMyMeds account. You can already access CoverMyMeds directly from NaviNet. Click on "Drug Authorizations" under the "Workflows" menu to get started.

Please notify us when you receive a determination from the plan.

Sincerely,

Suzy Groups8

powered by **covermymeds**[®]

This information is intended solely for the addressee. If you have received this in error, please contact Suzy Groups8 at (866) 452-5017 and dispose of this information.



EXPRESS SCRIPTS®

EXHIBIT 1-A-3

Prior Authorization Form
Nuvigil and Provigil

This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.

Additional forms available: www.express-scripts.com/pa

Fax completed form to 1-800-357-9577

If this an **URGENT** request, please call 1-800-417-8164

Patient Information

Patient First Name: Buster

Patient Last Name: Bluth

Patient ID#: _____

Patient DOB: 01/01/2014

Patient Phone #: _____

Prescriber Information

Prescriber Name: _____

Prescriber DEA/NPI (required): _____

Prescriber Phone #: _____

Prescriber Fax #: _____

Prescriber Address: _____

State: 0 Zip Code: _____

Primary Diagnosis: _____ ICD Code: _____

Please indicate which drug and strength is being requested:

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Nuvigil 50mg Tablet | <input type="checkbox"/> Provigil 100mg Tablet |
| <input type="checkbox"/> Nuvigil 150mg Tablet | <input type="checkbox"/> Provigil 200mg Tablet |
| <input type="checkbox"/> Nuvigil 250mg Tablet | |

Directions for use (i.e. QD, BID, PRN & Qty): _____

Please complete the clinical assessment:

1. What is the indication or diagnosis?

- | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Fatigue associated with HIV infection |
| <input type="checkbox"/> Adjunctive/augmentation treatment of depression in adults | <input type="checkbox"/> Fatigue associated with Multiple Sclerosis (MS) |
| <input type="checkbox"/> Cancer-related fatigue | <input type="checkbox"/> Fatigue or sleepiness associated with chronic use of narcotic analgesics |
| <input type="checkbox"/> Excessive daytime sleepiness due to myotonic dystrophy | <input type="checkbox"/> Idiopathic hypersomnia |
| <input type="checkbox"/> Excessive daytime sleepiness in Parkinsons disease | <input type="checkbox"/> Myasthenia gravis |
| <input type="checkbox"/> Excessive sleepiness due to obstructive sleep apnea/hypopnea syndrome (OSAHS) | <input type="checkbox"/> Narcolepsy |
| <input type="checkbox"/> Excessive sleepiness due to shift work sleep disorder (SWSD) | <input type="checkbox"/> Other: _____ |

2. If the diagnosis is OSAHS, has the patient tried continuous positive airway pressure (CPAP)?
☐ Yes

☐ No

☐ N/A
3. If the diagnosis is SWSD, please indicate how many overnight shifts the patient works per month: _____
☐ N/A

EXHIBIT 1-A-3

<p>4. If the diagnosis is <u>fatigue or sleepiness associated with HIV infection OR chronic use of narcotic analgesics</u>, has the patient tried one CNS stimulant (for example: methylphenidate [Ritalin], dextroamphetamine [Dexedrine, Dextrostat])?</p> <p>If yes, please document CNS stimulant tried: _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>5. If the diagnosis is <u>ADHD/ADD</u>, has the patient tried <u>two</u> alternative medications for ADHD/ADD? Alternatives must be from two different classes as follows:</p> <ol style="list-style-type: none"> 1. Methylphenidate products 2. Amphetamines 3. Strattera (atomoxetine) 4. Wellbutrin (bupropion) 5. TCAs (tricyclic antidepressants) 6. Alpha-agonists (e.g., Kapvay, Intuniv) <p>Please document alternative medications tried: _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>6. If the diagnosis is <u>adjunctive/augmentation treatment of depression in adults</u>, is the patient concurrently receiving other medication therapy for depression?</p> <p>If yes, please document other drug therapy: _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>7. If the diagnosis is <u>idiopathic hypersomnia</u>, has the diagnosis been confirmed by a sleep specialist physician or at an institution that specializes in sleep disorders (e.g., sleep center)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Are there any other comments, diagnoses, symptoms, and/or any other information the physician feels is important to this review?

<p>Prescriber Signature: _____</p> <p>Office Contact Name: _____</p>	<p>Date: <u>06/29/2015</u></p> <p>Phone Number: _____</p>
----------------------------------------------------------------------	-----------------------------------------------------------

Based upon each patient's prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

The document(s) accompanying this transmission may contain confidential health information. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this information in error, please notify the sender immediately and arrange for the return or destruction of the documents.

EXHIBIT 1-A-4

Prior Authorization Assistance by

Kristen's Practice

Pharmacy Address:

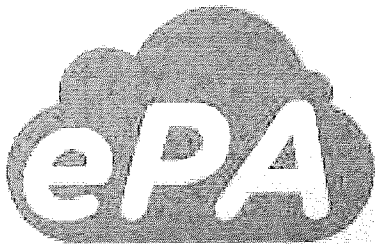
2 Miranova Pl
Columbus OH 43215

tel (866) 452-5017
fax (615) 379-2541
email kkelly@covermymeds.com

COMPLETE THIS FORM ONLINE



EXPRESS SCRIPTS®



Please complete a PA for AndroGel

Dear Prior Authorization staff,

We have started an electronic prior authorization (ePA) to accelerate the prior authorization (PA) process. ePA is Express Scripts' preferred way to receive and respond to PA requests. ESI's ePA process results in faster and, in some cases, real-time response to your prior authorization requests. Submit this ePA using the instructions below.

To submit the PA for Gibson Kelly:

1. Go to key.covermymeds.com and click "Enter a Key".
2. Enter the patient's last name and date of birth and the key.

Patient Last Name: Kelly

DOB: 10/20/2011

Key: HJQBHG

3. Finish the form by completing any red Required fields, and click "Send to Plan" to submit it directly to the patient's plan for approval.

Create an Account: Create a free account at CoverMyMeds.com so you can electronically submit this PA to the plan, along with any other PAs I start for your patients. Your office also will be able to start PAs for any drug and any plan and manage any necessary PA follow-up in one place.

If your office uses NaviNet, there is no need to create a CoverMyMeds account. You can already access CoverMyMeds directly from NaviNet. Click on "Drug Authorizations" under the "Workflows" menu to get started.

Please notify us when you receive a determination from the plan.

Sincerely,

Kristen Demo

This information is intended solely for the addressee. If you have received this in error, please contact Kristen Demo at (866) 452-5017 and dispose of this information.

EXHIBIT B

**NON-TRANSACTIONAL
FAXES**

EXHIBIT 1-B-1

covermymeds[®]

Come Back to CoverMyMeds to Save Time and Fill More Scripts

We noticed you haven't created any prior authorization (PA) requests in CoverMyMeds recently. How can we help?

Tell us why your pharmacy stopped using CoverMyMeds and we'll help troubleshoot, or consider improvements to make your experience better.

Select any that may apply:

- ☐ [] Forgot username/password
- ☐ [] Challenges connecting with prescribers
- ☐ [] Changed dispensing systems
- ☐ [] Difficulty starting the request
- ☐ [] Other _____

Fax your response to 1-844-965-9676. We appreciate your feedback!



Benefits of using CoverMyMeds:

Save time and reduce prescription abandonment

Auto-fill patient and prescriber information



Electronically share requests with prescribers and their staff

Completely free for pharmacists

Need assistance? Live chat with a pharmacy specialist at covermymeds.com or call 1-866-452-5017.

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

FAX TEMPLATE NO. 10

CMM-001-000042

RX-2

EXHIBIT 1-B-2



To: Sample Name

Fax Number: 614-232-8813

Reminder: Sending a PA request to the prescriber just got easier

Recently, A&P turned on new functionality for the PriorAuthPlus program. As a contracted pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax it to the prescriber for you.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your username: sampleuser

Your password: Use existing password or to reset password contact CoverMyMeds at 866-452-5017.

For assistance using PriorAuthPlus, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best regards,

RelayHealth and CoverMyMeds



Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a

rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



EXHIBIT 1-B-3

McKESSON

3/18/15

AccessHealth

CoverMyMeds Prior Authorization Solution

Save Time and Reduce Prescription Abandonment

AccessHealth is now aligned with CoverMyMeds to bring additional value to your pharmacy by streamlining the prior authorization (PA) process for all drugs and all prescription benefit plans.

The functionality is already integrated with your pharmacy system and available to use immediately at no cost.

With CoverMyMeds, pharmacists can electronically initiate PAs by automatically choosing the correct form, pre-populating patient and drug information and sending it to the prescriber for completion. All at the touch of a single button!

How Do I Get Started?

Step 1: In your ComputerRx System go to:
File Main->Business Info-> Automation/Communication tab to enter your CoverMyMeds username and password.

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, click the "CoverMyMeds" button to quickly initiate the PA. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist.

Thank you for your continued membership as a valued AccessHealth pharmacy.

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FAX TEMPLATE NO. 12

CMM-001-000045

EXHIBIT 1-B-4

McKESSON

3/18/15

AccessHealth

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How Do I Get Started?

Step 1: Call 866-452-5017 to speak to a pharmacy specialist and complete the short integration process. Alternatively, you can find the steps for integrating at pharmacysystems.covermymeds.com.

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, click the CoverMyMeds button to quickly initiate the PA to the prescriber. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist or use the Live Chat feature available on covermymeds.com.

Thank you for your continued membership as a valued AccessHealth pharmacy.

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FAX TEMPLATE NO 13 CMM-001-000046

EXHIBIT 1-B-5

McKESSON

3/18/15

AccessHealth

CoverMyMeds Prior Authorization Solution

Save Time and Reduce Prescription Abandonment

AccessHealth is now aligned with CoverMyMeds to bring additional value to your pharmacy by streamlining the prior authorization (PA) process for all drugs and all prescription benefit plans.

The functionality is already integrated with your pharmacy system and available to use immediately at no cost.

With CoverMyMeds, pharmacists can electronically initiate PAs by automatically choosing the correct form, pre-populating patient and drug information and sending it to the prescriber for completion. All at the touch of a single button!

How Do I Get Started?

Step 1: In your PrimeRx System go to:
Maintenance menu option->System File option-> Click on the Interface Settings and enter the CoverMyMeds username and password listed below.

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, click the "CoverMyMeds" button to quickly initiate the PA. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist.

Thank you for your continued membership as a valued AccessHealth pharmacy.

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FAX TEMPLATE NO. 14

CMM-001-000047

EXHIBIT 1-B-6

McKESSON

3/18/15

AccessHealth

CoverMyMeds Prior Authorization Solution

Save Time and Reduce Prescription Abandonment

AccessHealth is now aligned with CoverMyMeds to bring additional value to your pharmacy by streamlining the prior authorization (PA) process for all drugs and all prescription benefit plans.

The functionality is already integrated with your pharmacy system and available to use immediately at no cost.

With CoverMyMeds, pharmacists can electronically initiate PAs by automatically choosing the correct form, pre-populating patient and drug information and sending it to the prescriber for completion. All at the touch of a single button!

How Do I Get Started?

Step 1: Contact PDX at (800) 722-1739 Option 3 or cs-support@pdxinc.com to update your system.

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, hit the "Submit PA" button to quickly initiate the PA. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist.

Thank you for your continued membership as a valued AccessHealth pharmacy.

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FAX TEMPLATE NO. 15

CMM-001-000048

EXHIBIT 1-B-7

McKESSON

3/18/15

AccessHealth

CoverMyMeds Prior Authorization Solution

Save Time and Reduce Prescription Abandonment

AccessHealth is now aligned with CoverMyMeds to bring additional value to your pharmacy by streamlining the prior authorization (PA) process for all drugs and all prescription benefit plans.

The functionality is already integrated with your pharmacy system and available to use immediately at no cost.

With CoverMyMeds, pharmacists can electronically initiate PAs by automatically choosing the correct form, pre-populating patient and drug information and sending it to the prescriber for completion. All at the touch of a single button!

How Do I Get Started?

Step 1: In your McKesson Pharmaserv System (version 7.2.0 or higher) go to: Business Maintenance and select the CoverMyMeds option to enter your CoverMyMeds login/password.

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, click the "Submit" button to quickly initiate the PA. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist.

Thank you for your continued membership as a valued AccessHealth pharmacy.

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FAX TEMPLATE NO 16

CMM-001-000049

EXHIBIT 1-B-8

McKESSON

3/18/15

AccessHealth

CoverMyMeds Prior Authorization Solution

Save Time and Reduce Prescription Abandonment

AccessHealth is now aligned with CoverMyMeds to bring additional value to your pharmacy by streamlining the prior authorization (PA) process for all drugs and all prescription benefit plans.

The functionality is already integrated with your pharmacy system and available to use immediately at no cost.

With CoverMyMeds, pharmacists can electronically initiate PAs by automatically choosing the correct form, pre-populating patient and drug information and sending it to the prescriber for completion. All at the touch of a single button!

How Do I Get Started?

Step 1: In your QS/1 System go to:
Store Control/Store Level Options-> System Options->Prior Authorization Web Services and enter your CoverMyMeds username and password and click "Save".

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, click the "PA Web Request" button to quickly initiate the PA. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist.

Thank you for your continued membership as a valued AccessHealth pharmacy.

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FAX TEMPLATE NO. 17

CMM-001-000050

EXHIBIT 1-B-9

McKESSON

3/18/15

AccessHealth

CoverMyMeds Prior Authorization Solution

Save Time and Reduce Prescription Abandonment

AccessHealth is now aligned with CoverMyMeds to bring additional value to your pharmacy by streamlining the prior authorization (PA) process for all drugs and all prescription benefit plans.

The functionality is already integrated with your pharmacy system and available to use immediately at no cost.

With CoverMyMeds, pharmacists can electronically initiate PAs by automatically choosing the correct form, pre-populating patient and drug information and sending it to the prescriber for completion. All at the touch of a single button!

How Do I Get Started?

Step 1: Contact Rx30 at (800) 289-7930 Option 4 to update your system and provide the username/password listed below.

For your convenience, a CoverMyMeds account has already been created for your pharmacy:

- **Username:** Pharmacy NCPDP #
- **Password:** Pharmacy NPI #

Step 2: When presented with a PA rejection of 70, 75 or 76, hit the F8 key to quickly initiate the PA. A landing page will confirm the PA has been faxed to the prescriber for completion.

Your work is done! CoverMyMeds gives you the ability to track initiated PAs, and view determinations online.

Questions? CoverMyMeds is here to help.

Call 866-452-5017 to speak with a pharmacy specialist.

Thank you for your continued membership as a valued AccessHealth pharmacy.

EXHIBIT 1-B-10



To: Pharmacy Associates
From: Pharmacy Third Party
Subject: PriorAuthPlus through CoverMyMeds

Overview: Please join us for a short demonstration of PriorAuthPlus powered by CoverMyMeds and the new Pro Dashboard. PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) requests via a resubmitted claim. In fact, PriorAuthPlus has already helped Ahold Pharmacies initiate over 102,000 PA requests. This free service works for most commercial and government (i.e. Medicare & Medicaid) prescription benefit plans. CoverMyMeds Pro will be made available on Thursday, May 1st.

Webinars have been scheduled for the following dates/times:

Tuesday, April 29th 8:30 AM Eastern
Tuesday, April 29th 11:00 AM Eastern
Wednesday, April 30th 8:30 AM Eastern
Wednesday, April 30th 11:00 AM Eastern

To access the webinars, use the web link and toll free number below:

Webinar

<http://connectpro56232051.adobeconnect.com/tim/>
Sign in as guest.

Dial In

Toll Free: 1-877-820-7831
Participant Passcode: 764730#

Please contact Luke Barnes if you have any questions:
lukas.barnes@ahold.com

Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) request via a resubmitted claim. This free service works for most commercial and government (i.e. Medicare & Medicaid) prescription benefit plans.

Upon receipt of a PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), add a modifier to the claim to prompt RelayHealth to create a PA request in CoverMyMeds. Confirming the PA request at CoverMyMeds.com auto-fills patient, drug and prescriber information onto the PA form.

Once the PA form is sent to the prescriber, the prescriber's office adds clinical information, digitally signs the form, and faxes the form to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see? The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message will look similar to the following:

PriorAuthPlus assistance available – Resubmit claim with “8” in Prior Auth. Type Code and “4444” in Prior Auth. Number Submitted.

An augmented rejection message is always delivered each time a claim is resubmitted with the PriorAuthPlus codes. The message confirms your PA request and provides instructions to access the form via CoverMyMeds. It looks similar to the following:

Prior Authorization (PA) initiated. Login to CoverMyMeds.com to send this PA to the prescriber for submission to the plan.

How do I start a PA using PriorAuthPlus?

1. **Resubmit the rejected claim with adjusted codes.** For any PA related rejection, resubmitting it with “8” in the Prior Authorization Type Code field and “4444” in the Prior Authorization Number Submitted field will start a drug/plan specific PA in CoverMyMeds. This will result in a rejected message confirming that the PA has been created. Go to www.covermymeds.com and *Login*. Your username is your division followed by store number (e.g. NE0067) and your password is your NCPDP number. Find the PA on your *Dashboard*, open it and confirm the form selection.

To change the form options, type the PBM or plan name in the search terms field.

2. **Send the request to the prescriber.** Patient, medication and prescriber information auto-fills on the form. Fill out the prescriber's fax number if not already completed. Click *Fax request* to efax the form to the prescriber for completion and submission to the plan. Choose to fax to *prescribing physician* and click *Fax*. The physician will receive the needed PA form as well as instructions to optionally complete and submit the PA online via CoverMyMeds.
3. **Manage PA follow-up.** Use the CoverMyMeds *Dashboard* and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

Questions?

RelayHealth and CoverMyMeds have a support team available to help you throughout the process. For questions, contact us at (800) 388-2316. If you are online via CoverMyMeds, simply use the live chat feature.

EXHIBIT 1-B-11

To: Sample Name

Fax: 614-232-8813

Subject: Your store is contracted for PriorAuthPlus

Reminder: Your pharmacy has functionality for the RelayRx PriorAuthPlus program, powered by CoverMyMeds. To streamline the PA process, we encourage you to use PriorAuthPlus to send PA requests to the prescriber through the claim resubmission process. PriorAuthPlus can be used for any drug, any plan and all PA related rejections.

To start a PA using PriorAuthPlus, follow these easy steps:

Step 1: Resubmit the rejected claim with adjusted codes. Upon receipt of your next PA related rejection (70, 75 or 76), enter the following codes and resubmit the claim to start, and automatically send, a drug/plan specific PA to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Step 2: Resubmit to plan in 1 – 3 days. To do so, remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

You are done!

To check on the status of a PA or to refax the PA to the prescriber, use the CoverMyMeds Dashboard. Your location's login information is

URL: www.covermymeds.com

Username: sampleuser

If you have additional questions, please refer to the attached Pharmacy Reference Guide. For any personal assistance, please call the RelayHealth Support Center at 800-388-2316.

Sincerely,

RelayHealth & CoverMyMeds

If you would like to be removed from this fax list, please contact CoverMyMeds at (866) 452-5017.

EXHIBIT 1-B-12



Complete the last step on your PA for request_1

You recently completed a PA for request_1 through CoverMyMeds. We tried to send you the determination electronically, but were unable to because you did not use a CoverMyMeds account. To receive an electronic determination on your next PA, create or use your account.

To receive a faster electronic PA response on your next request, use your existing log-in or create a free account today. This process takes 2 minutes or less.

1. Go to CoverMyMeds.com/signup
2. Complete the fields to create an account

Account Benefits:

- **One stop shop for PAs:** Complete PAs for all medications and all plans in one place. CoverMyMeds has all the PA forms you need and we automatically select the right form for your patient. Skip the phone calls and faxes to the plan.
- **Faster Determinations:** We're working to bring you even more near real-time determinations through ePA with some of the largest health plans, meaning your patients receive the medication they need, faster.
- **PA Renewals Made Easy:** You can now renew all PAs online to avoid the tedious process of finding and filling out the same form multiple times.
- **Time-saving features:** Saved address book entries and electronic signatures mean you spend less time on PAs and more time with patients.

You'll also receive the best support possible. Need help registering your account, or recovering your log-in information? Feel free to call us at (866) 452-5017 now with any questions.

EXHIBIT 1-B-13



Re: Use CoverMyMeds for easier Prior Authorizations!

To: Sample Name

Fax Number: 614-232-8813

As a reminder, Bashas' has teamed up with CoverMyMeds to give you an easier way to deal with Prior Authorization rejections. Since the beginning of the year, Bashas' pharmacies have used CoverMyMeds to help over 1,000 patients get on the medication preferred by their doctor! If you haven't already used CoverMyMeds, join the other Bashas' pharmacies starting PAs directly from their QS/1 system.

Use the CoverMyMeds feature to:

- **Send your prescribers the specific PA form** they need
- **Auto-fill form fields**, saving both you and the prescriber time
- **Efax the form** to the provider for completion and submission to the plan
- **Manage PA follow-up** in one place

When you receive a PA related rejection, simply click the PA Web Request button. CoverMyMeds will open in a web browser and automatically log in to your account. The drug and plan information are used to present you with the proper form(s). Confirm the form selection to auto-fill drug, patient and prescriber information. Then, quickly fax the form to the prescriber.

To start your first PA today, click the PA Web Request button.

For personal assistance getting started, please feel free to contact CoverMyMeds at (866) 452-5017.

Best Regards,

The CoverMyMeds Team

EXHIBIT 1-B-13



Start Prior Authorization forms directly from your QS/1® screen. Works for Medicare, Medicaid, and commercial insurance and for any drug.

QS/1 and CoverMyMeds® have teamed up to give you a shortcut to start Prior Authorization (PA) forms directly from a rejected claim.

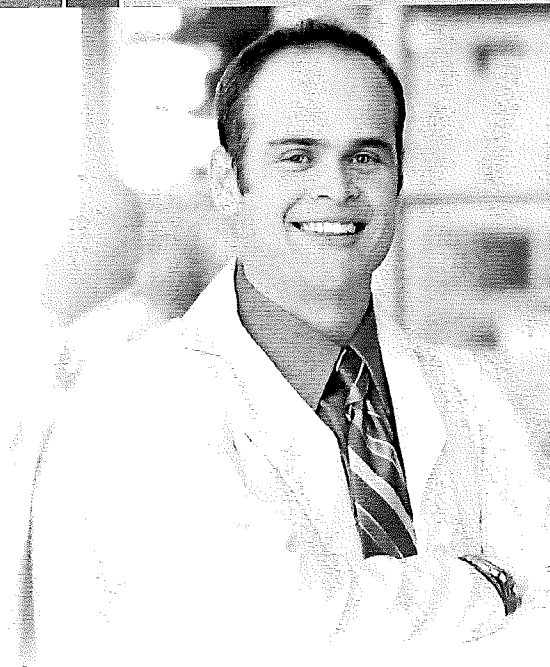
The PA Web Request button opens a web browser and automatically logs into your account. Drug and plan information is used to present you with the best PA form(s). Once you confirm your form selection, it is auto-filled with patient, prescriber and drug information, saving both you and the prescriber valuable time. You can then use CoverMyMeds to efax it to the prescriber for completion and submission to the plan.



Start your first PA today!

Contact CoverMyMeds to get started with this new feature.

For personal assistance, call us at 866.452.5017



Use CoverMyMeds to:

- Send your prescribers the specific PA form they need.
- Auto-fill form fields, saving both you and the prescriber time.
- Efax the form to the provider for completion and submission to the plan.
- Manage PA follow-up in one place.

Powered by **covermymeds®**

email: help@covermymeds.com • Web: www.covermymeds.com

FAX TEMPLATE NO. 22

CMM-001-000057

EXHIBIT 1-B-13

CoverMyMeds in 3 easy steps:

1. Click the PA Web Request button to start the form.

It only takes seconds. CoverMyMeds will open in your browser and use the drug and plan information to present the best form(s). To narrow form choices, add search terms such as PBM or plan name. Select the best form.

2. Efax the form to the prescriber.

Patient, drug and prescriber information auto-fills on the form. Confirm the information and efax the request to the prescriber for completion and submission to the plan. Prescribers can add medical details, sign the form and submit it to the plan via CoverMyMeds.

3. Manage PA follow-up.

Use your CoverMyMeds dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient.

Start your first PA today!

Contact CoverMyMeds to get started with this new feature.

For personal assistance, call us at 866.452.5017

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email: help@covermymeds.com • Web: www.covermymeds.com

EXHIBIT 1-B-14



**BlueCross BlueShield
of North Carolina**

covermymeds®

To: 614-232-8813

From: BlueCross BlueShield of North Carolina

Complete Commercial and Medicare Part D Prior Authorizations in CoverMyMeds

Blue Cross and Blue Shield of North Carolina (BCBSNC) works with CoverMyMeds, an independent entity, to offer a free, streamlined and automated ePA experience for prescription drugs.

Next time a patient with **BCBSNC Commercial or Medicare Part D coverage** needs a PA, follow these steps:

- Log in to your CoverMyMeds account at covermymeds.com/epa/bcbsnc
- Click "New Request"
- Enter North Carolina as the patient state, the medication name and "Blue Cross Blue Shield" as the plan name
- Depending on patient coverage, select the Medicare or commercial PA form from the drop down
- Complete the required fields and click "Send to Plan"

Benefits of using CoverMyMeds include:

- Many ePA requests receive a determination within 24 hours
- Electronic determinations available in your secure CoverMyMeds account
- Available for all medications covered by the patient's prescription benefits through Prime Therapeutics
- Complete PAs started by a pharmacy quickly in your account
- Free for all prescribers and their staff

Questions? CoverMyMeds is here to help. Please call 866-452-5017 or go to covermymeds.com/epa/bcbsnc to chat live.

If you no longer want to receive these faxes, please call toll free 866 -452-5017 or fax 615-379-2541.

BCBSNC contracts with CoverMyMeds to provide utilization management services as a courtesy to our providers and is not liable for the services provided. These services may be changed or discontinued at any time.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield symbols are registered services marks of the Blue Cross and Blue Shield Association, an Association of independent Blue Cross and Blue Shield Plans. All other marks are the property of their respective owners.

Blue Cross and Blue Shield of North Carolina is an independent licensee of the
Blue Cross and Blue Shield Association

EXHIBIT 1-B-15



BlueCross BlueShield
of North Carolina

covermymeds®

To: [Fax Number]

From: Blue Cross and Blue Shield of North Carolina

CoverMyMeds is Blue Cross and Blue Shield of North Carolina's preferred method for Prior Authorization (PA)

Blue Cross and Blue Shield of North Carolina (BCBSNC) is working with CoverMyMeds, an independent entity, to provide free electronic prior authorization (ePA) for prescription drugs.

CoverMyMeds helps BCBSNC prescribers and their staff submit PA requests electronically for **any medication**. Eliminate phone calls and faxes to ensure your patients quickly receive their prescribed medication.

- **Majority of all BCBSNC prescribers adopt CoverMyMeds***
- **40% reduction in PA reviews***
- **35% of all ePA requests are automatically approved***
- **Often receive electronic determination within 24 hours**
- **Secure and HIPAA Compliant**

Quick and Easy Registration

- 1) Go to covermymeds.com/epa/bcbsnc and click "Create a Free Account."
 - 2) Complete the fields to register. This takes just a couple minutes.
 - 3) Begin processing PA requests electronically for faster determinations.
-

QUESTIONS? CoverMyMeds is here to help.

Chat with us online at covermymeds.com/epa/bcbsnc or call 866-452-5017.

*Based on CoverMyMeds and Blue Cross and Blue Shield of North Carolina's internal study June 2014-May 2015.

BCBSNC contracts with CoverMyMeds to provide utilization management services as a courtesy to our providers and is not liable for the services provided. These services may be changed or discontinued at any time.

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Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association

EXHIBIT 1-B-16



To: 614-232-8813

From: BlueCross BlueShield of North Carolina

This service is free for all participating BCBSNC prescribers and their staff, and includes the following benefits:

- Many ePA requests receive a determination within 24 hours
- Electronic determinations available in your secure CoverMyMeds account
- Available for all medications covered by the patient's prescription benefits through Prime Therapeutics
- HIPAA compliant
- Live chat support

Get started:

- 1) Go to covermymeds.com/epa/bcbsnc and click "Create a Free Account."
- 2) Complete the fields to register. This takes just a couple minutes.
- 3) Begin processing PAs electronically for faster determinations.

ePA through CoverMyMeds is BCBSNC's preferred PA method. Please create your account today.

Questions? CoverMyMeds is here to help. Please call 866-452-5017 or go to covermymeds.com/epa/bcbsnc to chat live.

If you no longer want to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541.

BCBSNC contracts with CoverMyMeds to provide utilization management services as a courtesy to our providers and is not liable for the services provided. These services may be changed or discontinued at any time.

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Blue Cross and Blue Shield of North Carolina is an independent licensee of the
Blue Cross and Blue Shield Association



BlueCross BlueShield
of New Mexico



Blue Cross
Community Centennial™
A Centennial Care Plan

covermymeds

Help Your Patients Get Their Medications Faster

Blue Cross and Blue Shield of New Mexico is collaborating with CoverMyMeds to offer a streamlined prior authorization (PA) experience for providers prescribing medications to Blue Cross Community Centennial members.



ePA is now BCBSNM's preferred way to receive prescription medication PA requests for Blue Cross Community Centennial members.

Major benefits of BCBSNM ePA:

- Some ePA requests receive a determination within 24 hours.
- Free for prescribers and their staff.
- Faster turnaround and an electronic response to your request.
- Available for every drug.

Live Demos Available.

CoverMyMeds offers live demonstrations Wednesdays at 2 p.m. EST at webinars.covermymeds.com.

You may also call CMM at 1-866-452-5017 to schedule a demonstration.

Get started in three easy steps:

1 Register

Sign up at www.covermymeds.com and click CREATE AN ACCOUNT or call 1-866-452-5017 for personal assistance.

2 Start a PA

Enter the state, drug and search term (e.g., prescription drug plan) and click START REQUEST. The appropriate ePA request will display.

3 Complete and submit

Complete patient and prescriber information and important medical details. When finished, the ePA request can be submitted electronically.

email: help@covermymeds.com • Web: www.covermymeds.com

CoverMyMeds LLC is a separate and independent company that provides an on-line platform that can be used by providers to complete the prescription medication PA process for Blue Cross Community Centennial members.

Using CoverMyMeds' ePA services is strictly voluntary and optional. BCBSNM continues to welcome and accept the Drug Prior Authorization Request Form available under the "Providers" tab at bcbsnm.com.

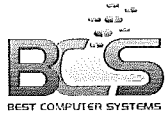
Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

FAX TEMPLATE NO. 26

Services are funded in part under contract with the State of New Mexico.

CMM-001-000062

EXHIBIT 1-B-18



Prior Authorizations just got easier!

Submitting a PA, through BestRx and CoverMyMeds, has been made easier! Your PA requests are now automatically faxed to the prescriber, from your BestRx system

The new process:

1. When presented with a PA-related rejection of **70**, **75**, or **76**, click the CoverMyMeds button to quickly submit the PA to the prescriber via CoverMyMeds.
2. You'll be shown a landing page that confirms the PA has been sent.
3. **You're done!**

Other reasons to submit PA's, through BestRx and CoverMyMeds:

1. ***ePA(electronic Prior Authorization)*** – CoverMyMeds has integrated with several major Health Plans, which gives your pharmacy the ability to access the determination electronically. This results in a much quicker determination time and reduces the follow-up process for your pharmacy.
2. **Integrations with EMR/EHR Vendors** – We are integrated with approximately 450 EMR/EHR systems. This gives you the ability to submit PA's directly into a Physician's queue, which will provide better response times from Physicians.

If you have any questions about the new process or if you need help accessing your account call **866-452-5017** to speak to a PA expert today.

EXHIBIT 1-B-19



866-452-5017

615-379-2541 Fax

Quick and Easy Prior Authorization Process

To: Sample Name

Fax Number: 614-232-8813

From: Sam Rajan, R.Ph.

Re: Join thousands of other providers already using CoverMyMeds

A local pharmacy recently started a prior authorization (PA) form. They used CoverMyMeds to fax it to you for completion. In addition to completing PA forms started by your local pharmacy, you can also use CovermyMeds to find and submit any other PA forms needed by your office.

This free website can be used for any drug and any drug plan.

Use CoverMyMeds to:

- Complete the prior auth form the pharmacy already started on behalf of your patient
- Submit the form directly to the plan after adding a digital signature
- Easily manage follow-up for all your prior auth forms

To use the website, go to www.covermymeds.com and click **Create an account**.

Limited Internet Access? Use our form hotline to find a PA form. You are prompted to select a form and enter your fax number. Within minutes, the form is faxed directly to you.

Dial 1-877-404-CMM1 (1-877-404-2661)

Whether you use the website or our form hotline, we look forward to assisting you with your PA needs.

Best regards,

A handwritten signature in black ink that reads "Sam Rajan R.Ph.".

FAX TEMPLATE NO. 28

CMM-001-000064

Sam Rajan, R.Ph.

EXHIBIT 1-B-19



CoverMyMeds helps health care professionals (HCPs) quickly submit Prior Authorization (PA) forms for all drug health care plans from a single, free Web site.

Patients frustrated by not getting their prescribed drugs? Are you frustrated by time-consuming and confusing PA forms? CoverMyMeds can help.

CoverMyMeds is a free service allowing quick submittal of PA forms for your patients. The proper form is **created in seconds** and can be completed and submitted to your patient's health plan in **just a few minutes**.

Pharmacists can find and start the right PA form. The form can then be faxed via CoverMyMeds to an HCP for completion. HCPs can also start and complete forms online and submit them directly to the health plan with their digital signature.



CoverMyMeds is the only source needed to submit PAs for all drugs and all health plans. It is accessed via www.covermymeds.com, and is available 24/7/365 at no charge. There are no discs or downloads required.

Major benefits of CoverMyMeds

- *Create a form in seconds, complete and submit it in just a few minutes*
- Patients get their prescribed drugs
- You can be your patient's advocate with their health plan
- HIPAA compliant and secure
- Improve patient care
- Build loyalty
- Manage your PA follow-up

Sign Up Now

To learn more about the benefits of CoverMyMeds, go to www.covermymeds.com and *Create an account*.

For personal assistance, call us at 866-452-5017

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email: info@covermymeds.com • Web: www.covermymeds.com

FAX TEMPLATE NO. 28

CMM-001-000065

EXHIBIT 1-B-19

CoverMyMeds in 3 easy steps

1. Find the right PA form

Takes only seconds. Enter the state, drug, and health plan and click *Start request*. The appropriate PA form(s) will display

The screenshot shows a search interface titled "Find the form you need". It includes a magnifying glass icon, a "State" dropdown menu set to "Ohio", a "Medication" dropdown menu, and a "Choose a drug" button. Below these is a text input field labeled "Type a plan name". At the bottom, there is a small link: "Go to the PA form request page for additional information.".

2. Share the PA form (optional)

Begin to populate the PA form then use the system to fax or email the form to another health care provider for completion

The screenshot shows a user interface for a specific PA form titled "Charlie Jones (F69B29)". On the left, there are five buttons: "Save changes", "Fax request", "Email request", "Delete request", and "Download PA". On the right, there is a form titled "Advanced (Integrative) plan request form (HSA) and Advanced (Integrative) plan request form (HSA) and Advanced (Integrative) plan request form (HSA)". The form contains various fields for patient information, including name, date of birth, gender, and address.

3. Submit the PA form

Upon form completion, the PA can be printed, signed and faxed, or the physician can sign it digitally and submit it via CoverMyMeds fax feature

The screenshot shows a "Fax request" interface. It features a "HUMANA" logo and a "Patient Information" section. Below this, there is a "Fax request" button and a "Print" button. The interface also displays a "Patient Information" table with columns for Name, Date of Birth, Gender, and Address.

Sign Up Now

To learn more about the benefits of CoverMyMeds, go to www.covermymeds.com and *Create an account*.

For personal assistance, call us at 866-452-5017

Powered by **covermymeds**

email: info@covermymeds.com • Web: www.covermymeds.com

EXHIBIT 1-B-20



Electronic PAs are a click away in your CoverMyMeds account

CoverMyMeds automates prior authorizations for any plan and all drugs. These time-saving features are just a click away in your existing CoverMyMeds account.

Faster Determinations

Many plans now offer near real-time determinations on PAs completed through CoverMyMeds.

No Waiting On Hold

Skip calling the Plan and waiting on hold to begin a PA by completing all your PAs electronically.

Auto-Fill Forms

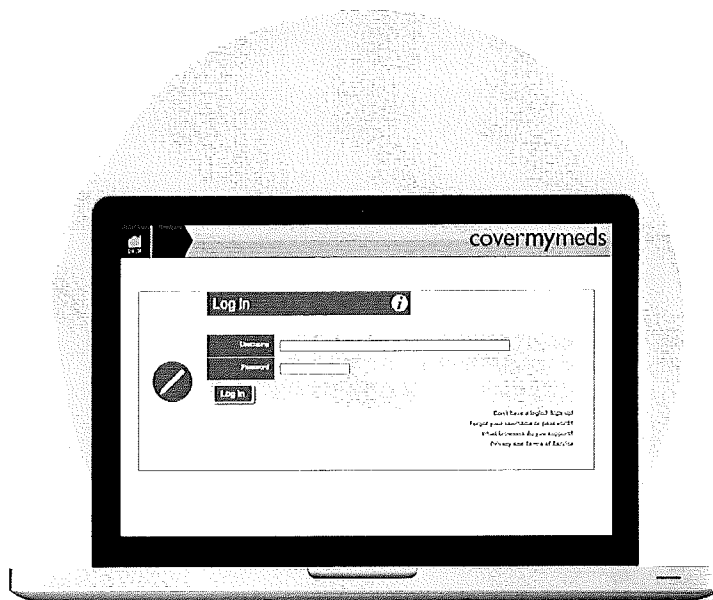
The address book saves patient and prescriber information allowing you to auto-fill forms electronically.

Renewals Made Easy

Skip the lengthy PA renewal process by creating renewals from previously submitted PAs

Electronic Signature

Save time by electronically signing the PA instead of downloading, printing and faxing



Need assistance logging into your account?

We're here to help!

Visit covermymeds.com to chat live!

1-877-452-5017

help@covermymeds.com

If you no longer want to receive these faxes, please call toll free (866) 452-5017 or fax 615-379-2541

EXHIBIT 1-B-21



To: Sample Name

Fax Number: 614-232-8813

Re: Sending a PA request to the prescriber just got easier!

On Thursday, we turned on your new functionality for the PriorAuthPlus program. After starting a PA request in your claims system, we will automatically fax it to the prescriber for you. As a Costco pharmacy, you should now use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms.

Share this information with the rest of your staff and keep the reference guide easily available for more information.

Important: Your CoverMyMeds username and password has been updated.

Username: CostcoXXXX (4 digit location number with leading zeros ex. Costco0099)

Password: Your NCPDP number (7 digits)

New Functionality - To start a PA, follow these easy steps:

Step 1: Upon receipt of your next PA related rejection (70, 75 or 76), enter the following codes and resubmit the claim to start, and automatically send, a drug/plan specific PA to the prescriber.

Field	Codes
8- Prior Auth Type Code	8
9- Prior Auth Nbr	4444
(next screen) 8-Intermed Auth ID	10 digit prescriber fax number (Ex. 5551231234)

Step 2: Prescriber completes the paper PA, or accesses the PA online and sends it to the plan. The plan notifies the prescriber of the approval or denial via fax, normally within 1–3 business days. You're done!

To check on the status of a PA or to refax the PA to the prescriber, use the CoverMyMeds Dashboard at <https://www.covermymeds.com/>.

For assistance refer to the attached reference guide, or call CoverMyMeds at 866-452-5017. You can also contact your regional supervisor if you have any questions.

Best regards,

RelayHealth and CoverMyMeds

EXHIBIT 1-B-21

Pharmacy Reference Guide

PriorAuthplus™
powered by covermymeds®

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
8- Prior Auth Type Code	8
9- Prior Auth Nbr	4444
(next screen) 8- Intermed Auth ID	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316.



EXHIBIT 1-B-22



To: 631-424-4041
From: CVS/caremark

**ePA is CVS/caremark's preferred method for receiving
prior authorizations (PAs).**

CVS/caremark now works with CoverMyMeds to help prescribers complete PA requests electronically.

This service is no cost for all prescribers (and practice staff) treating plan members who have CVS/caremark prescription benefits and includes the following:

- Allows you to submit requests and check PA status online
- Faster PA determinations, often in real time
- Available for all CVS/caremark benefit plans and all medications
- Secure and HIPAA compliant
- Live chat support through CoverMyMeds

Get started:

1. Go to covermymeds.com/epa/caremark and click "Create a Free Account".
2. Complete the required fields. This takes just a couple minutes.
3. Begin processing PAs electronically for faster determinations.

ePA through CoverMyMeds is CVS/caremark's preferred PA method.
Please create your account today.

Questions? CoverMyMeds is here to help. Please call us toll-free at **1-866-452-5017** or go to covermymeds.com/epa/caremark to talk to a CoverMyMeds representative live.

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, retention or copying of it or its contents is prohibited. If you have received this communication in error, please notify us immediately by telephone toll-free at 866-452-5017 or e-mail to help@covermymeds.com and immediately and securely destroy all copies of this communication and any attachments. Whether or not you notify the sender of the error, you agree not to use or disclose the information for any purpose or to compromise its confidentiality. This communication has been sent from a secure location that meets the requirements of HIPAA and other applicable regulations. Returned communication transmissions will be received with an equal level of compliance. Plan member privacy is important to us.
106-34420a 050815

EXHIBIT 1-B-23



To: 631-424-4041

From: CVS/caremark

ePA is CVS/caremark's preferred method for receiving prior authorizations (PAs).

CoverMyMeds now works with CVS/caremark to provide you with an electronic method for submitting PA requests.

This service is no cost for all prescribers (and practice staff) treating plan members who have CVS/caremark prescription benefits and includes the following:

- Allows you to submit requests and check PA status online
- Faster PA determinations, often in real time
- Available for all CVS/caremark benefit plans and all medications
- Secure and HIPAA-compliant transmission of sensitive patient information
- Live chat support through CoverMyMeds

Get started:

1. Go to covermymeds.com/epa/caremark and click "Create a Free Account."
2. Complete the required fields. This takes just a couple minutes.
3. Begin processing PAs electronically for faster determinations.

**ePA through CoverMyMeds is CVS/caremark's preferred PA method.
Please create your account today.**

Questions? CoverMyMeds is here to help. Please call us toll-free at **1-866-452-5017** or go to covermymeds.com/epa/caremark to talk to a CoverMyMeds representative live.

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106-34420c 050815

FAX TEMPLATE NO. 32

CMM-001-000071



EXHIBIT 1-B-24

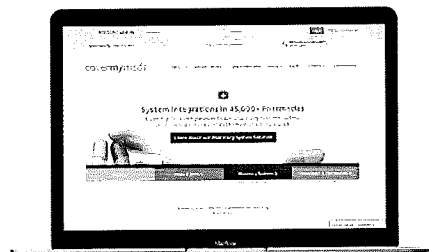
covermymeds[®]

AUTOMATING PRIOR AUTHORIZATION

Cut Administrative Waste, Fill More Scripts and Reduce Prescription Abandonment

With the click of a button you can initiate a prior authorization (PA) request in your pharmacy system and automatically deliver it to the prescriber.

Contact DAA Enterprises, Inc. to activate your free CoverMyMeds account and start using a more efficient PA solution today.



STEPS TO COMPLETION



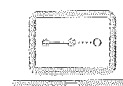
STEP 1 AUTO-FILL PA REQUESTS

Initiate requests through your pharmacy system and auto-fill patient and prescriber information.



STEP 2 PRESCRIBER NOTIFICATION

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated PA online.



STEP 3 TRACK DETERMINATIONS

Track your PA requests, and view real-time determinations online. No need to call prescribers or plans to follow up.

BEGIN USING COVERMYMEDS WITHIN DAA ENTERPRISES, INC.

Call 1-800-359-5580 to connect your account
within moments.

EXHIBIT 1-B-25



Prior Authorizations just got easier!

Submitting a PA, through Datascan and CoverMyMeds, has been made easier! Your PA requests are now automatically faxed to the prescriber, from your Datascan system

The new process:

1. When presented with a PA-related rejection of **70, 75, or 76**, click the CoverMyMeds button to quickly submit the PA to the prescriber via CoverMyMeds.
2. You'll be shown a landing page that confirms the PA has been sent.
3. **You're done!**

Other reasons to submit PA's, through Datascan and CoverMyMeds:

1. **ePA(electronic Prior Authorization)** – CoverMyMeds has integrated with several major Health Plans, which gives your pharmacy the ability to access the determination electronically. This results in a much quicker determination time and reduces the follow-up process for your pharmacy.
2. **Integrations with EMR/EHR Vendors** – We are integrated with approximately 450 EMR/EHR systems. This gives you the ability to submit PA's directly into a Physician's queue, which will provide better response times from Physicians.

If you have any questions about the new process or if you need help accessing your account call **866-452-5017** to speak to a PA expert today.



Are You Ready for a 37% Increase in Prior Authorization (PA) Requests?¹

January is PA season: new health plans, medication formulary changes and prescription renewals for your patients.

Use CoverMyMeds to save up to 15 minutes per PA request.¹

BENEFITS

- Reduce phone calls and faxes
- Receive faster determinations
- Complete renewals in seconds
- Stay compliant with state mandates



WORKS WITH ALL PLANS/PBMS INCLUDING:



Register for free: go.covermymeds.com/register

QUESTIONS? CoverMyMeds is here to help.

Chat with us online at covermymeds.com or call 1-866-452-5017

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

EXHIBIT 1-B-27

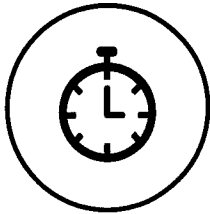


covermymeds®

Are You Ready for a 37% Increase in Prior Authorization (PA) Requests?

January is PA season: new patients, medication formulary changes and prescription renewals. Blue Cross and Blue Shield of North Carolina (BCBSNC) works with CoverMyMeds, an independent entity, to streamline the PA process for prescribers and their staff.

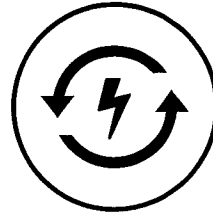
Save up to 15 minutes per PA request by using CoverMyMeds to complete **BCBSNC Commercial or Medicare Part D requests** online.



Receive faster determinations



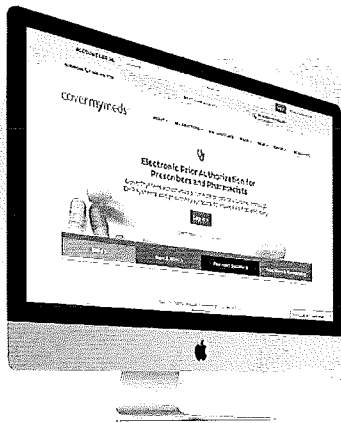
Reduce phone calls and faxes



Complete renewals in seconds



Stay compliant with state mandates



CoverMyMeds is trusted by more than 400,000 prescribers and 45,000 pharmacies.¹

Register for free today:
covermymeds.com/epa/bcbsnc

QUESTIONS? CoverMyMeds can help.

Chat with us online at covermymeds.com/epa/bcbsnc

BCBSNC contracts with CoverMyMeds to provide utilization management services as a courtesy to our providers and is not liable for the services provided. These services may be changed or discontinued at any time. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield symbols are registered services marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. All other marks are the property of their respective owners.

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

1 - CoverMyMeds Data

FAX TEMPLATE NO. 36

CMM-001-000075

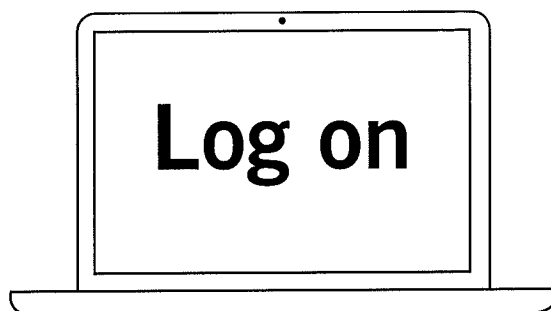
DR-13



EXHIBIT 1-B-28

covermymeds®

Don't hang on



Your state now requires health plans and pharmacy benefit managers to accept *electronic prior authorization requests*

Submit your prior authorizations online with CoverMyMeds

Easily upload your PAs and take advantage of more time
you can spend with your Express Scripts patients.

Get started today

1. Go to **covermymeds.com/epa/express-scripts** and click "Create a Free Account."
2. Complete the fields to register. This takes just a couple of minutes.
3. Begin processing PAs electronically and quickly.

With CoverMyMeds, you get:

- Faster PA determinations, often in real time
 - No paperwork or waiting on hold with the Plan
 - Less time on PAs and more time with patients
 - Built-in HIPAA compliance
 - Live chat support
-

Questions? CoverMyMeds is here to help. Please call **866.452.5017** or
go to **covermymeds.com/epa/express-scripts** to chat live.

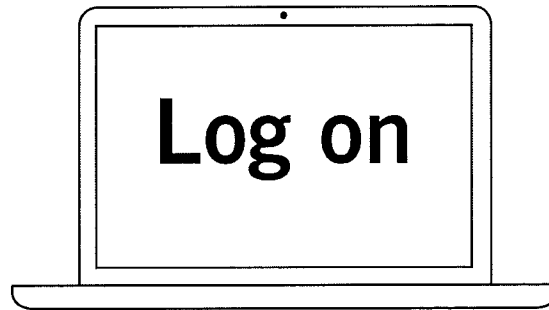
For more information about electronic prior authorization, visit **Express-Scripts.com/PA**.



EXHIBIT 1-B-29

covermymeds®

Don't hang on



Electronic prior authorizations are *now required* by your state

Submit your prior authorizations online with CoverMyMeds

Easily upload your PAs and take advantage of more time you can spend with your Express Scripts patients.

Get started today

1. Go to **covermymeds.com/epa/express-scripts** and click "Create a Free Account."
2. Complete the fields to register. This takes just a couple of minutes.
3. Begin processing PAs electronically and quickly.

With CoverMyMeds, you get:

- Faster PA determinations, often in real time
 - No paperwork or waiting on hold with the Plan
 - Less time on PAs and more time with patients
 - Built-in HIPAA compliance
 - Live chat support
-

Questions? CoverMyMeds is here to help. Please call **866.452.5017** or go to **covermymeds.com/epa/express-scripts** to chat live.

For more information about electronic prior authorization, visit **Express-Scripts.com/PA**.

covermymeds[®] EXHIBIT 1-B-30

Use CoverMyMeds to Comply with Minnesota's New Prior Authorization Requirement

As of Jan. 1, 2016 Minnesota requires prescribers and their staff to submit all prior authorization (PA) requests electronically.

Use CoverMyMeds to save up to 15 minutes per PA request.¹

BENEFITS

- Reduce phone calls and faxes
- Receive faster determinations
- Complete renewals in seconds
- Stay compliant with state mandates



WORKS WITH ALL PLANS/PBMS INCLUDING:



EXPRESS SCRIPTS[®]



PRIME
THERAPEUTICS[®]

Humana[®]



OPTUMRx[®]

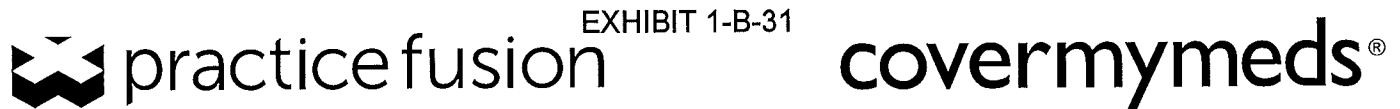


Cigna
HealthSpring[®]

CVS/caremark[®]

To verify if you have CoverMyMeds functionality in your EHR system visit
covermymeds.com/epa/healthsystems

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.



Comply with Minnesota's New Prior Authorization Requirement

As of Jan. 1, 2016 Minnesota requires providers and their staff to submit all prior authorization (PA) requests electronically.

Comply with medication PA requests through Practice Fusion with the power of CoverMyMeds. Reduce phone calls and faxes, receive faster determinations and help your patients get their prescribed medication faster.



STEPS TO COMPLETION



STEP ONE: NOTIFICATION

Upon prescribing, you'll receive a notification when data indicates a PA is required.



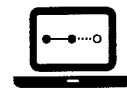
STEP TWO: INITIATION

Submit the order to create a new Prior Auth task in your Tasks section.



STEP THREE: COMPLETION

Complete the task, or assign to a staff member to complete within 24 hours.

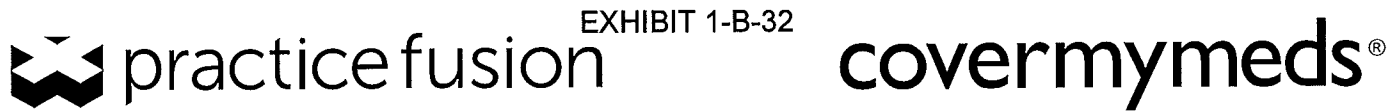


STEP FOUR: DETERMINATION

The status of the task will update in your task list once the plan makes a determination.

QUESTIONS? Practice Fusion can help.

Call 1-415-346-7700 to speak with a Practice Fusion support specialist.



Are You Ready for a 37% Increase in Prior Authorization (PA) Requests?

January is PA season: new health plans, medication formulary changes and prescription renewals for your patients.

Medication PA requests are automated through Practice Fusion with the power of CoverMyMeds. Reduce phone calls and faxes, receive faster determinations and help your patients get their prescribed medication faster.



STEPS TO COMPLETION



STEP ONE: NOTIFICATION

Upon prescribing, you'll receive a notification when data indicates a PA is required.



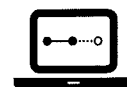
STEP TWO: INITIATION

Submit the order to create a new Prior Auth task in your Tasks section.



STEP THREE: COMPLETION

Complete the task, or assign to a staff member to complete within 24 hours.



STEP FOUR: DETERMINATION

The status of the task will update in your task list once the plan makes a determination.

QUESTIONS? Practice Fusion can help.

Call 1-415-346-7700 to speak with a Practice Fusion support specialist.

covermymeds[®] EXHIBIT 1-B-33

Use CoverMyMeds to Comply with Minnesota's New Prior Authorization Requirement

Beginning Jan. 1, 2016 Minnesota will require prescribers and their staff to submit all prior authorization (PA) requests electronically.

Use CoverMyMeds to save up to 15 minutes per PA request.¹

BENEFITS

- Reduce phone calls and faxes
- Receive faster determinations
- Complete renewals in seconds
- Stay compliant with state mandates



WORKS WITH ALL PLANS/PBMS INCLUDING:



To verify if you have CoverMyMeds functionality in your EHR system visit
covermymeds.com/epa/healthsystems

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

¹ - CoverMyMeds data

covermymeds[®]

EXHIBIT 1-B-34

Use CoverMyMeds for Continued Compliance with Maryland's Prior Authorization Requirement

Since July 2015, Maryland has been requiring prescribers and their staff to submit all prior authorization (PA) requests electronically.

CoverMyMeds makes it easy to accommodate the mandate, while also saving up to 15 minutes per PA request.¹

BENEFITS

- Reduce phone calls and faxes
- Receive faster determinations
- Complete renewals in seconds
- Stay compliant with state mandates



WORKS WITH ALL PLANS/PBMS INCLUDING:



To verify if you have CoverMyMeds functionality in your EHR system visit
covermymeds.com/epa/healthsystems

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

¹ - CoverMyMeds data

FAX TEMPLATE NO. 43

CMM-001-000082

DR-20

ENVISIONRx

EXHIBIT 1-B-35

covermymeds®

EnvisionRx's Preferred Method for Prior Authorization (PA) Requests.

EnvisionRx now works with CoverMyMeds to provide free electronic prior authorization (ePA). Moving forward, please submit your EnvisionRx requests through CoverMyMeds.

Benefits of using CoverMyMeds:

Less paperwork and
no hold times

Auto-fill patient and prescriber
information



More accurate and tailored
questions

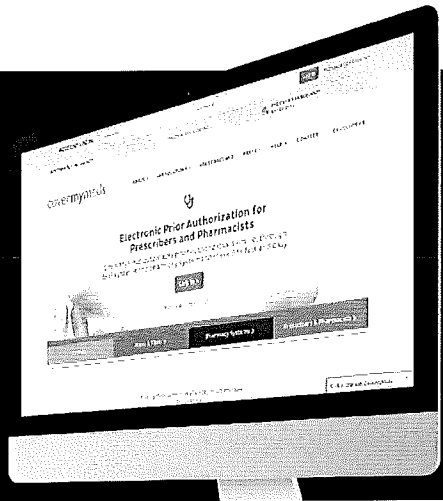
Live support via phone and
online chat

ePA through CoverMyMeds is EnvisionRx's preferred method for receiving PA requests.

Please log in or create your free account today.

GETTING STARTED IS EASY:

1. Visit covermymeds.com/epa/envisionrx and click "Create a Free Account."
2. Complete the fields to register. This takes just a couple minutes.
3. Begin processing requests electronically for a faster PA experience.



QUESTIONS? CoverMyMeds is here to help.

Please call 1-866-452-5017 or go to covermymeds.com/epa/envisionrx to chat with a live team member.

This fax provides important information to make prior authorization requests easier, and help patients receive required medication. If you no longer wish to receive these faxes, you can make a request to have your number removed from our list by placing a toll-free call to 1-866-452-5017 or sending a toll-free fax to 1-844-865-3740 identifying the number you would like us to remove. By law, we are required to honor your request within 30 days.

FAX TEMPLATE NO. 44

CMM-001-000083

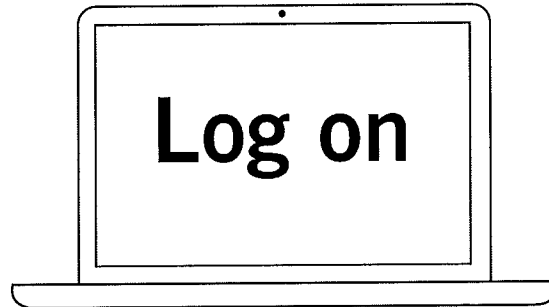
DR-21

EXHIBIT 1-B-36



covermymeds®

Don't hang on



Electronic prior authorizations are *now required* by your state

Submit your prior authorizations online with CoverMyMeds

Easily upload your PAs and take advantage of more time
you can spend with your Express Scripts patients.

Get started today

Log in to your account at covermymeds.com/epa/express-scripts

Or create a new account. It's easy!

- 1.** Click "Create a Free Account."
- 2.** Complete the fields to register. This takes just a couple of minutes.
- 3.** Begin processing PAs electronically and quickly.

With CoverMyMeds, you get:

- Faster PA determinations, often in real time
- No paperwork or waiting on hold with the Plan
- Less time on PAs and more time with patients
- Built-in HIPAA compliance
- Live chat support

Questions? CoverMyMeds is here to help. Please call **866.452.5017** or go to
covermymeds.com/epa/express-scripts to chat live.

For more information about electronic prior authorization, visit Express-Scripts.com/PA.

EXHIBIT 1-B-37



Save Time: Submit PA Requests Electronically

Prescribers save an average of **15 hours per week** on Prior Authorization (PA) by submitting requests through CoverMyMeds.

We partner with the largest PBMs and plans to offer free, electronic prior authorization (ePA).

WORKS WITH ALL PLANS/PBMS INCLUDING:



EXPRESS SCRIPTS®



PRIME
THERAPEUTICS®

Humana

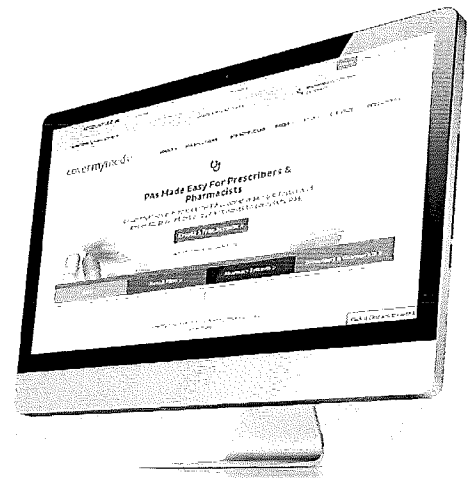


OPTUMRx®

CVS/caremark™

CoverMyMeds is trusted by more than 400,000 prescribers and 45,000 pharmacies.

Register for free today:
go.covermymeds.com/register



QUESTIONS? CoverMyMeds is here to help.

Chat with us online at covermymeds.com or call 866.452.5017

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

FAX TEMPLATE NO. 46

CMM-001-000085

DR-4



Fax

Fax Number: <insert fax number>

From: Humana

Date: <insert date>

Fax Number: 1-877-456-2621

Phone Number: 1-800-555-CLIN (2546)

CoverMyMeds is now Humana's preferred method for completing prior authorizations.

Humana now teams up with CoverMyMeds to help prescribers submit prior authorization (PA) requests electronically. **Please use CoverMyMeds for all future PA requests.**

This free service:

- Allows you to submit your PA request and check its status online.
- Provides faster PA determinations, often in real time.
- Supports all Humana plans and all medications.
- Maintains a secure, HIPAA-compliant system.
- Offers live chat support.

To get started:

- 1) Go to **covermymeds.com/epa/humana** and select "Create a Free Account."
- 2) Complete the fields to register. This takes just minutes.
- 3) Start a PA request by entering a state, drug name and search term, then choose "Start request."
The appropriate PA request form will display.

CoverMyMeds is here to help. Please call 1-866-452-5017 or go to covermymeds.com/epa/humana to chat live.



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1764ALL1214-D

EXHIBIT 1-B-39

Humana®

covermymeds®

Fax

Fax Number: 614-232-8813
Date: 01/27/2016

From: Humana
Fax Number: 1-877-486-2621
Phone Number: 1-800-555-CLIN (2546)

Complete Humana pharmacy prior authorizations through CoverMyMeds®

CoverMyMeds is Humana's preferred method for all prior authorization (PA) requests for medications. Please consider submitting all future Humana PA requests through CoverMyMeds.

Steps to submit

a PA started at the pharmacy:

1. Go to covermymeds.com and select "ENTER KEY" at the top of the page.
2. Enter the key, patient last name and date of birth.
3. Complete the PA and create an account to submit to Humana electronically.

<input type="text"/>	LOG IN	TROUBLE LOGGING IN?
PASSWORD		
CREATE A FREE ACCOUNT »	RECEIVED A PA REQUEST? ENTER KEY »	

Enter
Key
here

This free service:

- Provides faster PA determinations, often in real time.
- Auto-fills patient and prescriber information.
- Eliminates paper forms, faxing and hold time.
- Maintains a secure, HIPAA-compliant system.
- Supports all Humana plans and all medications.

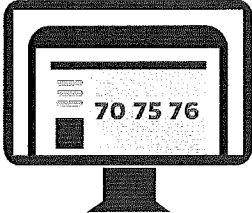
Questions? CoverMyMeds is ready to help. Call 1-866-452-5017 or visit www.covermymeds.com/ePA/Humana to chat live. If you no longer want to receive these faxes, please call 1-866-452-5017 or send a fax to 1-615-379-2541.

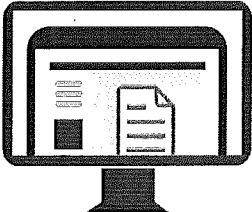
EXHIBIT 1-B-40

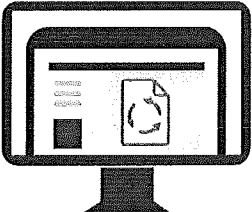


PrimeRx and CoverMyMeds make starting a Prior Authorization easier

- 1.** When presented with a PA-related rejection of 70, 75, or 76, hit the CoverMyMeds button to quickly submit the PA to the prescriber via CoverMyMeds.


- 2.** You will be shown a landing page that confirms the PA has been sent.


- 3.** You're done!



It's that simple!

Contact Nick Potts or Clint Linn for assistance at 866-452-5017, or visit covermymeds.com. Webinars are held every Thursday at 2pm EST. Go to webinars.covermymeds.com to learn more.

EXHIBIT 1-B-41

ePA IS HERE!



Dear Prior Authorization Staff

We've got great news – CoverMyMeds has joined forces with NaviNet to make it even easier to submit Prior Authorizations (PAs).

With 'NaviNet Drug Authorizations' you can:

- Submit PAs for any drug to any health plan right from your NaviNet account
- Access PAs started for you by nearby pharmacies
- Receive responses from health plans faster, get patients their medications, and ultimately reduce therapy abandonment
- Start using ePA (electronic Prior Authorizations), for select health plans, and find out within seconds if a PA is approved or needs further review.

Starting your first PA is easy!

If your office uses NaviNet for eligibility, benefits or claim status checks...

1. Log in to your NaviNet account, access the Drug Authorizations home page from the Services menu, and click Create New...
2. Enter the state, drug, and plan, select the form and click Start request.
3. Complete the questions, click Fax request (make sure you select 'To Plan' so it goes to the Health Plan). Fax when ready.

Important: ePA requests require a validated prescriber. Update your **prescribers** and your **preferences** using the links at the top of the Drug Authorization homepage.

Don't know if your office uses NaviNet? – No Problem. You can still use CoverMyMeds for all your drug Prior Authorization needs. Either use your existing account, created by your office on [signup_date](#), or create a new account at [CoverMyMeds.com](#).

Existing Account Information

Web address: www.covermymeds.com

Username: sampleuser

Password: Use your existing password or if you don't know your password, click on the "Forgot your username or password?" link on the Log in screen.

If you'd like personal assistance getting started please give us a call at 1-866-452-5017.

The CoverMyMeds Team

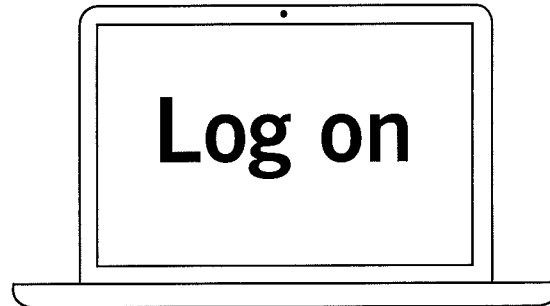
E: help@covermymeds.com

EXHIBIT 1-B-42



covermymeds®

Don't hang on



Your state now requires health plans and pharmacy benefit managers to accept *electronic prior authorization requests*

Submit your prior authorizations online with CoverMyMeds

Easily upload your PAs and take advantage of more time
you can spend with your Express Scripts patients.

Get started today

1. Go to **covermymeds.com/epa/express-scripts** and click "Create a Free Account."
2. Complete the fields to register. This takes just a couple of minutes.
3. Begin processing PAs electronically and quickly.

With CoverMyMeds, you get:

- Faster PA determinations, often in real time
 - No paperwork or waiting on hold with the Plan
 - Less time on PAs and more time with patients
 - Built-in HIPAA compliance
 - Live chat support
-

Questions? CoverMyMeds is here to help. Please call **866.452.5017** or
go to **covermymeds.com/epa/express-scripts** to chat live.

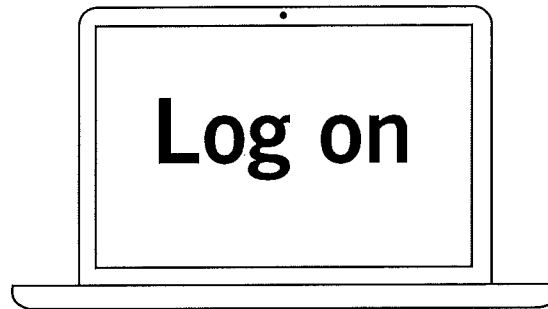
For more information about electronic prior authorization, visit **Express-Scripts.com/PA**.

EXHIBIT 1-B-43



covermymeds®

Don't hang on



Electronic prior authorizations are *now required* by your state

Submit your prior authorizations online with CoverMyMeds

Easily upload your PAs and take advantage of more time you can spend with your Express Scripts patients.

Get started today

1. Go to **covermymeds.com/epa/express-scripts** and click "Create a Free Account."
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 - Less time on PAs and more time with patients
 - Built-in HIPAA compliance
 - Live chat support
-

Questions? CoverMyMeds is here to help. Please call **866.452.5017** or go to **covermymeds.com/epa/express-scripts** to chat live.

For more information about electronic prior authorization, visit **Express-Scripts.com/PA**.

EXHIBIT 1-B-44



covermymeds®

Don't hang on



Submit your prior authorizations online with CoverMyMeds

If you know the on-hold music by heart, put down your phone and upload your PAs for your Express Scripts patients.

Get started today

1. Go to **covermymeds.com/epa/express-scripts** and click "Create a Free Account."
2. Complete the fields to register. This takes just a couple of minutes.
3. Begin processing PAs electronically and quickly.

With CoverMyMeds, you get:

- Faster PA determinations, often in real time
 - No paperwork or waiting on hold with the Plan
 - Less time on PAs and more time with patients
 - Built-in HIPAA compliance
 - Live chat support
-

Questions? CoverMyMeds is here to help. Please call **866.452.5017** or go to **covermymeds.com/epa/express-scripts** to chat live.

For more information about electronic prior authorization, visit **Express-Scripts.com/PA**.

EXHIBIT1-B-45



EXPRESS SCRIPTS®

covermymeds®

To: 201-228-1689

From: Express Scripts

Submit prior authorization requests online

In the last 90 days, **you've received 5 prior authorization (PA) requests** from a pharmacy for your patients with Express Scripts coverage.

Express Scripts partners with CoverMyMeds to help you quickly complete and submit PA requests and receive faster determinations.

Next time you receive a PA request from the pharmacy complete it through CoverMyMeds.

1. Go to **go.covermymeds.com/key** and click "Enter A Key"
2. Enter the key, patient last name and date of birth found on the fax
3. Submit to Express Scripts by clicking "Send to Plan" and registering for free with CoverMyMeds

CoverMyMeds Benefits

- Faster PA determinations, often within moments
- No paperwork or waiting on hold with the Plan
- Less time on PA requests, more time with patients
- PA requests for any plan and all medications
- HIPAA compliance
- Live chat support

Questions? CoverMyMeds is here to help. Please call 866-452-5017 or go to covermymeds.com/epa/express-scripts to chat live.

If you no longer wish to receive these faxes, call 866-452-5017 or fax 615-379-2541 - ©2015 Express Scripts Holding Company. All Rights Reserved.

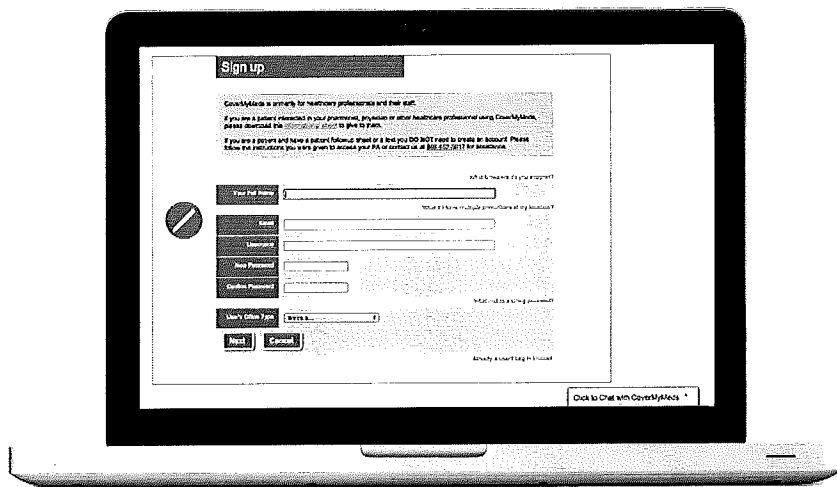
EXHIBIT 1-B-46

EVZIO[®]
(naloxone HCl injection)
0.4 mg auto-injector

covermymeds[®]

A Better Way to Complete PAs

CoverMyMeds is a **faster and more efficient** way to complete EVZIO prior authorizations (PAs).



- CoverMyMeds is free for prescribers and their staff
- Eliminates faxes and phone calls to the plan
- Allows for faster PA processing, and some near real-time determinations
- Enables prescribers to complete pharmacy-initiated PAs electronically
- Secure and HIPAA compliant
- Complete PAs for any drug and all plans in CoverMyMeds

360,000 providers
use CoverMyMeds to
efficiently complete PAs.
Join Us.

Sign up at covermymeds.com

Questions? Call CoverMyMeds at 866-452-5017, or visit webinars.covermymeds.com to join a demo Wednesdays at 2pm EST to see how CoverMyMeds works.

If you no longer want to receive these faxes, please call toll free (866) 452-5017 or fax 615-379-2541 • PP-EVZ-US-0519

Evzio[®]
(naloxone HCl injection)
0.4 mg auto-injector

covermymeds®

Electronic EVZIO PAs are a click away in your CoverMyMeds account

CoverMyMeds automates prior authorizations for any plan and all drugs. These time-saving features are just a click away in your existing CoverMyMeds account.

Faster Determinations

Many plans now offer near real-time determinations on PAs completed through CoverMyMeds.

No Waiting On Hold

Skip calling the Plan and waiting on hold to begin a PA by completing all your PAs electronically.

Auto-Fill Forms

The address book saves patient and prescriber information allowing you to auto-fill forms electronically.

Renewals Made Easy

Skip the lengthy PA renewal process by creating renewals from previously submitted PAs

Electronic Signature

Save time by electronically signing the PA instead of downloading, printing and faxing



Need assistance logging in
to your account?

We're here to help!

Visit covermymeds.com to chat live!

1-866-452-5017

help@covermymeds.com

EXHIBIT 1-B-48



To: Sample Name
Fax Number: 614-232-8813
Subject: I Really Miss You

Hey, it's me, CoverMyMeds. It's been a while since you last signed in to your account, and I just wanted to say hello and tell you about some of the awesome things I've done over the year:

1. Got a new look: www.covermymeds.com
2. Integrated with a slew of pharmacy vendors to make it easier to start PAs.
3. Integrated with several PBMs and Plans to streamline PA submissions.
4. Helped hundreds of thousands of patients get their medications each month.

Not too shabby.

Submitting Prior Authorizations is a pain, and I want to help reduce the administrative burden. Simply login on the site to start submitting electronically! There is no cost, and I've even kept your username and password warm for you.

Website: CoverMyMeds.com

Username: sampleuser

Password: Use existing password or call CoverMyMeds at (866) 452-5017 to reset it.

Hope to see you again soon!

Thanks,

The CoverMyMeds Team

p: 866-452-5017

f: 615-379-2541

e: help@covermymeds.com

EXHIBIT 1-B-49

covermymeds®

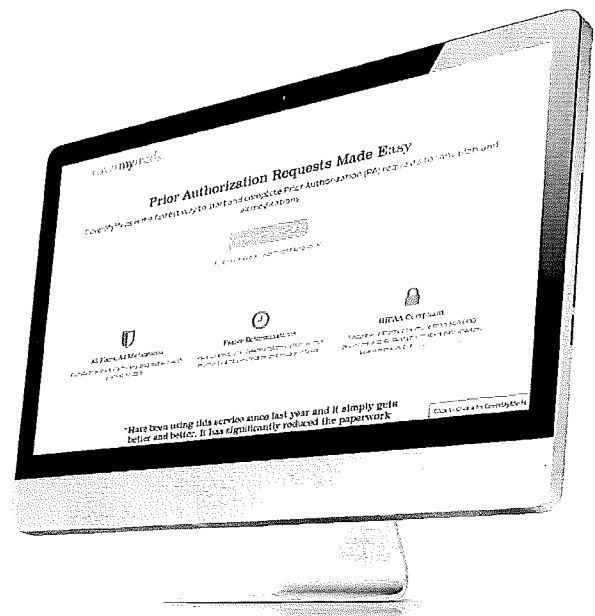
Georgia State Mandate for Electronic Prior Authorization

Georgia now requires health plans and prescription benefit managers (PBMs) to accept electronic Prior Authorization (ePA) requests.

What do I need to do? You already receive PA requests through CoverMyMeds started by your local pharmacies. Complete requests electronically through CoverMyMeds because it's easy, free and ensures your patients receive their medications, faster.

BENEFITS

- Free for prescribers and their staff
- All plans, all medications
- Eliminate faxes and phone calls
- Receive electronic determinations, often within moments
- HIPAA compliant
- Preferred PA submission method for the largest PBMs and plans



Trusted by more than 360,000 prescribers and 45,000 pharmacies nationwide.

**Register or log in to your existing account:
go.covermymeds.com/register**

GOT QUESTIONS? COVERMYMEDS IS HERE TO HELP.

Chat with us online at go.covermymeds.com/register or call 866.452.5017.

If you no longer want to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541.

FAX TEMPLATE NO. 58

CMM-001-000097

EXHIBIT 1-B-50

To: Prior Authorization Staff

From: Giant/Martin's Pharmacies

Re: Easier Prior Authorizations

Dear Prior Authorization Staff:

We recently started a Prior Authorization (PA) request for one of your patients using **CoverMyMeds** – a simple, free solution to find, complete, and submit PAs.

Completing the PA started by our pharmacy is easy!

1. Go to CoverMyMeds.com and click Enter key under the login box.
2. Enter the following information to gain access to the PA:

Key:

Patient last name:

Patient DOB:

3. Complete the necessary fields and click Fax request. Create a free CoverMyMeds account to save this PA and fax it directly to the plan.

If your office uses NaviNet for eligibility and benefits or claims status inquiry checks, there is no need to create a CoverMyMeds account. CoverMyMeds has partnered with NaviNet to allow you to access CoverMyMeds right from your NaviNet account.

With a CoverMyMeds account, you can:

- Complete PAs started by thousands of nearby pharmacies
- Easily find, complete and submit PAs for any drug or any plan
- Submit an ePA to participating plans – find out within seconds if the PA has been approved or needs further review.

For personal assistance getting started, please contact CoverMyMeds at (866) 452-5017.

Best regards,

Giant/Martin's Pharmacies

EXHIBIT 1-B-51



To: Sample Name

Fax Number: 614-232-8813

Reminder: Sending a PA request to the prescriber just got easier

Good news! Harris Teeter turned on the functionality for the new PriorAuthPlus program. As a contracted pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax the PA to the prescriber for you.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Please resubmit with 10-digit prescriber fax number (ex. 5551231234) in IA field EX to send PA request to prescriber. **Call support at 800-766-1010 to enable fields EW and EX, if necessary.**

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your Username: sampleuser

Your Password: passhash

For assistance using PriorAuthPlus, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best Regards,

RelayHealth and CoverMyMeds

FAX TEMPLATE NO. 60



EXHIBIT 1-B-51



Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a rejection message in return confirming that the fax has

been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



EXHIBIT T-B-52

Humana.

covermymeds®

Submit your prior authorization requests electronically

Available now

Humana has teamed up with CoverMyMeds to help prescribers and pharmacies quickly find and submit prior authorization (PA) requests electronically.



Major benefits of CoverMyMeds

- Free for prescribers and pharmacies
- Available for all Humana plans
- Allows you to check PA status online

Live demo available

CoverMyMeds offers live demonstrations of its system each Wednesday at 2 p.m. EST at webinars.covermymeds.com

You may also call CoverMyMeds at 1-866-452-5017 to schedule a demonstration.

Get started in three easy steps

1 Register

Sign up at www.covermymeds.com/epa/humana and click "CREATE A FREE ACCOUNT" or call us at 1-866-452-5017 for personal assistance.

2 Start a PA

Enter the state, drug and search term (e.g., prescription drug plan) and click "Start Request." The appropriate PA request will display.

3 Complete and submit

Complete important medical details. When finished, the PA request can be submitted electronically.

FAX TEMPLATE NO. 61

1477ALL0314-A

email: help@covermymeds.comWeb: www.covermymeds.com/epa/humana

CMM-001-000101

GCHHUK2EN

EXHIBIT 1-B-53



To: Sample Name

Fax Number: 614-232-8813

Reminder: Sending a PA request to the prescriber just got easier

Recently, Ingles Markets turned on functionality for the new PriorAuthPlus program. As an Ingles Markets pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax it to the prescriber for you.

New Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your username: sampleuser

Your password: passhash

For assistance using PriorAuthPlus, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best regards,

RelayHealth and CoverMyMeds



Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a

rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

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Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



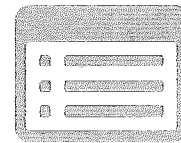
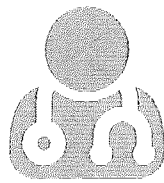
EXHIBIT 1-B-54



AUTOMATING PRIOR AUTHORIZATIONS

Save Time and Reduce Prescription Abandonment at No Cost to Your Pharmacy

CoverMyMeds automates prior authorizations (PAs) directly in your pharmacy system. By leveraging our EasyButton technology, pharmacists can initiate and track PAs by pressing the Ctrl + Shift keys in the pharmacy system. The result is reduced administrative waste, more filled scripts and patients who receive the medication they require.



TIP #1

Autofill PAs online

Skip faxing paper PA forms by initiating PAs through your pharmacy system and auto-filling patient and prescriber information.

TIP #2

Alert the Prescriber

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated PA online.

TIP #3

Track determinations online

CoverMyMeds provides pharmacies the ability to track their initiated PAs, as well as view real-time determinations online. No need to call prescribers or plans to follow up.

USE COVERMYMEDS FOR FREE

Visit us online at covermymeds.com or call 866-452-5017 to speak with a pharmacy specialist who can create your account within moments.

FIND INTEGRATED SYSTEMS

pharmacysystems.covermymeds.com

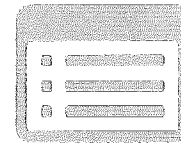
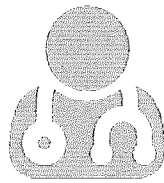
EXHIBIT 1-B-55



AUTOMATING PRIOR AUTHORIZATIONS

Save Time and Reduce Prescription Abandonment at No Cost to Your Pharmacy

CoverMyMeds automates prior authorizations (PAs) directly in your pharmacy system. By leveraging our EasyButton technology, pharmacists can initiate and track PAs by pressing one button in the pharmacy system. The result is reduced administrative waste, more filled scripts and patients who receive the medication they require.



TIP #1

Autofill PAs online

Skip faxing paper PA forms by initiating PAs through your pharmacy system and auto-filling patient and prescriber information.

TIP #2

Alert the Prescriber

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated PA online.

TIP #3

Track determinations online

CoverMyMeds provides pharmacies the ability to track their initiated PAs, as well as view real-time determinations online. No need to call prescribers or plans to follow up.

USE COVERMYMEDS FOR FREE

Visit us online at covermymeds.com or call 866-452-5017 to speak with a pharmacy specialist who can create your account within moments.

FIND INTEGRATED SYSTEMS

pharmacysystems.covermymeds.com

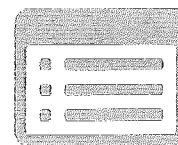
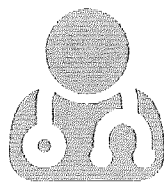
EXHIBIT 1-B-56

covermymeds®

AUTOMATING PRIOR AUTHORIZATIONS

Save Time and Reduce Prescription Abandonment at No Cost to Your Pharmacy

CoverMyMeds automates prior authorizations (PAs) directly in your pharmacy system. By leveraging our EasyButton technology, pharmacists can initiate and track PAs by clicking the "PA Request" button in the pharmacy system. The result is reduced administrative waste, more filled scripts and patients who receive the medication they require.



TIP #1

Autofill PAs online

Skip faxing paper PA forms by initiating PAs through your pharmacy system and auto-filling patient and prescriber information.

TIP #2

Alert the Prescriber

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated PA online.

TIP #3

Track determinations online

CoverMyMeds provides pharmacies the ability to track their initiated PAs, as well as view real-time determinations online. No need to call prescribers or plans to follow up.

USE COVERMYMEDS FOR FREE

Visit us online at covermymeds.com or call 866-452-5017 to speak with a pharmacy specialist who can create your account within moments.

FIND INTEGRATED SYSTEMS

pharmacysystems.covermymeds.com

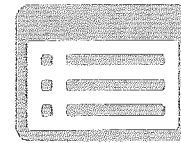
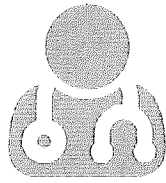
EXHIBIT 1-B-57



AUTOMATING PRIOR AUTHORIZATIONS

Save Time and Reduce Prescription Abandonment at No Cost to Your Pharmacy

CoverMyMeds automates prior authorizations (PAs) directly in your pharmacy system. By leveraging our EasyButton technology, pharmacists can initiate and track PAs by clicking the "Submit PA" button in the pharmacy system. The result is reduced administrative waste, more filled scripts and patients who receive the medication they require.



TIP #1

Autofill PAs online

Skip faxing paper PA forms by initiating PAs through your pharmacy system and auto-filling patient and prescriber information.

TIP #2

Alert the Prescriber

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated PA online.

TIP #3

Track determinations online

CoverMyMeds provides pharmacies the ability to track their initiated PAs, as well as view real-time determinations online. No need to call prescribers or plans to follow up.

USE COVERMYMEDS FOR FREE

Visit us online at covermymeds.com or call 866-452-5017 to speak with a pharmacy specialist who can create your account within moments.

FIND INTEGRATED SYSTEMS

pharmacysystems.covermymeds.com

EXHIBIT 1-B-58



To: Sample Name

Fax Number: 614-232-8813

Reminder: Sending a PA request to the prescriber just got easier

Recently, Sample Company turned on your new functionality for the PriorAuthPlus program. As a Sample Company pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax it to the prescriber for you.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your username: sampleuser

Your password: Use existing password or to reset password contact CoverMyMeds at 866-452-5017

For assistance using PriorAuthPlus, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best regards,

RelayHealth and CoverMyMeds



Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a

rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



EXHIBIT 1-B-59



Prior Authorizations just got easier!

Submitting a PA, through Liberty/RXQ and CoverMyMeds, has been made easier! Your PA requests are now automatically faxed to the prescriber, from your Liberty/RXQ system

The new process:

1. When presented with a PA-related rejection of **70**, **75**, or **76**, hit the PA request key to quickly submit the PA to the prescriber via CoverMyMeds.
2. You'll be shown a landing page that confirms the PA has been sent.
3. **You're done!**

Other reasons to submit PA's, through Liberty/RXQ and CoverMyMeds:

1. ***ePA(electronic Prior Authorization)*** – CoverMyMeds has integrated with several major Health Plans, which gives your pharmacy the ability to access the determination electronically. This results in a much quicker determination time and reduces the follow-up process for your pharmacy.
2. **Integrations with EMR/EHR Vendors** – We are integrated with approximately 450 EMR/EHR systems. This gives you the ability to submit PA's directly into a Physician's queue, which will provide better response times from Physicians.

If you have any questions about the new process or if you need help accessing your account call **866-452-5017** to speak to a PA expert today.

EXHIBIT 1-B-60

covermymeds®

Use CoverMyMeds to Comply with Maryland's New Prior Authorization Requirement

Maryland now requires prescribers and their staff to submit all Prior Authorization (PA) requests electronically. You already receive PA requests through CoverMyMeds from local pharmacies. Complete them online to remain compliant and save time.

BENEFITS

- Free for prescribers and their staff
- Receive faster determinations, often within moments
- Process PA requests for any plan and all medications in one place
- Eliminate phone calls and faxes
- Secure and HIPAA compliant
- Preferred PA submission method for the largest insurance plans



45,000 pharmacies and 360,000 prescribers use CoverMyMeds.

REGISTER FOR FREE TODAY
go.covermymeds.com/register

QUESTIONS? COVERMYMEDS IS HERE TO HELP.

Phone: 866.452.5017 | **Live Chat:** covermymeds.com | **Email:** help@covermymeds.com
Monday - Friday: 8AM EST - 11PM EST, Saturday: 8AM EST - 3PM EST

If you no longer want to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541.

FAX TEMPLATE NO. 69

CMM-001-000111

EXHIBIT 1-B-61



To: Sample Name

Fax Number: 614-232-8813

Notice: Change in your CoverMyMeds password

Notice: Meijer recently turned on the functionality for the new PriorAuthPlus program. The fax you received on Tuesday contained the wrong password. Please refer to the below bold information below for your updated password.

As a Meijer pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax it to the prescriber for you.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your Username: sampleuser

Your Password: passhash

For assistance using PriorAuthPlus, please call 866-452-5017.

Best Regards,

RelayHealth and CoverMyMeds

EXHIBIT1-B-62



To: Sample Name

Fax Number: 614-232-8813

Reminder: Sending a PA request to the prescriber just got easier

Today, Meijer turned on the functionality for the new PriorAuthPlus program. As a Meijer pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax it to the prescriber for you.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your username: sampleuser

Your Password: passhash

For assistance using PriorAuthPlus, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best Regards,

RelayHealth and CoverMyMeds

CMM-001-000113

EXHIBIT1-B-62

Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a

rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316

CMM-001-000114

EXHIBIT 1-B-63



To: Sample Name

Fax Number: 614-232-8813

Subject: Action Required: Navinet Drug Authorizations - Add Your Prescribers

As a reminder, NaviNet has partnered with CoverMyMeds to bring you NaviNet Drug Authorizations, an all-payer, HIPAA-compliant solution that allows you to quickly find, complete, and submit Prior Authorizations (PAs) to the plan electronically. This tool is active on your NaviNet account and you can use it immediately to start PAs for any plan and any drug. You can also use this tool to access PAs already started for you by nearby pharmacies, and to submit electronic PAs for qualifying plans that return a determination in seconds.

In a recent NaviNet survey, you indicated that you would like to receive PAs from pharmacies on your NaviNet Drug Authorizations page, but have not added your prescribers yet.

Follow these instructions to add your prescribers:

1. Login to your NaviNet account and access your Drug Authorizations homepage
2. Click Drug Authorization Preferences
3. At the top of the page, click the blue "Prescribers" link
4. Search for your prescribers by typing their NPI number, or their first and last name, in the "Find your prescribers" field
5. Select your prescriber from the drop down menu
6. Click "Add Prescriber"
7. When you are done adding your prescribers, click "Initiate Verification"

CoverMyMeds will then fax or call your office to validate the prescriber information. Once your prescriber information has been validated, you will begin seeing new PAs on your dashboard. These PAs have been started for your patients by nearby pharmacies already using CoverMyMeds.

For assistance with this process, contact CoverMyMeds at (855) 246-7441.

Best regards,

CoverMyMeds

CMM-001-000115

EXHIBIT 1-B-64

To: Sample Name

Fax Number: 614-232-8813

Reminder: Your store is contracted for PriorAuthPlus

Reminder: Your pharmacy has functionality for the RelayRx PriorAuthPlus program. To streamline the PA process, you should use PriorAuthPlus powered by CoverMyMeds to send PA rejections to the prescriber through the claim resubmission process. PriorAuthPlus can be used for any drug and any plan.

Your pharmacy hasn't recently used PriorAuthPlus. We ask that your store implement this process today for all PA related rejections.

To start a PA, follow these easy steps:

Step 1: Upon receipt of your next PA related rejection (70, 75, 76), resubmit the request to the PriorAuthPlus **BIN 015079** to start a medication/plan specific PA in CoverMyMeds. This will result in an additional claim reject message that gives you instructions for accessing the form at www.covermymeds.com.

Step 2: Patient, medication and prescriber information auto-fills on the form. Fill out the prescriber's fax number if not already completed. Click Fax request to fax the form to the prescriber for completion and submission to the plan.

Step 3: Prescriber completes the paper PA, or accesses the PA online and sends it to the plan. The plan notifies the prescriber of the approval or denial via fax, normally within 1-3 business days. Then **rebill the claim to the patient's plan**

Username: sampleuser

Password: Use existing password or call CoverMyMeds at 866-452-5017 to reset it.

If you have additional questions, please refer to the attached Pharmacy Reference Guide. For any personal assistance, please call the RelayHealth Support Center at 800-388-2316.

If you would like to be removed from this fax list, please contact CoverMyMeds at 866-452-5017.

Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate medication and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicare & Medicaid) prescription benefit plans.

Upon receipt of a Prior Authorization related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required and "76"-Plan Limitations Exceeded), resubmit the claim to the PriorAuthPlus BIN (BIN #015079). RelayHealth uses the claim and rejection data from the original claim to create a PA form in CoverMyMeds. A rejected response is delivered in response with instructions on how to access the PA form in CoverMyMeds. Confirming the PA form auto-fills patient, medication and prescriber information from the original claim.

The prescriber's office adds clinical information, digitally signs the form, and faxes the form to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see? The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use this BIN for certain medications.

The message looks as follows:

Initiate Prior Authorization by submitting this claim to BIN 015079 (PriorAuthPlus Assistance)

An augmented rejection message is always delivered each time a claim is resubmitted to the PriorAuthPlus BIN. The message confirms your PA request and

provides instructions to access the form via CoverMyMeds. It looks as follows:

Prior Authorization (PA) initiated. Login to CoverMyMeds.com to send this PA to the prescriber for submission to the plan.

How do I start a PA using PriorAuthPlus?

1. **Resubmit the rejected claim to BIN 015079.** For any '70', '75' or '76' rejected claim, resubmitting it to the PriorAuthPlus BIN will start a medication/plan specific PA in CoverMyMeds. This will result in an additional claim reject message that gives instructions for accessing the form. Go to www.covermymeds.com and *Login*. Find the PA on your *Dashboard*, open it and confirm the form selection.

To narrow the form options, add search terms such as PBM or plan name.

2. **Send the form to the prescriber.** Patient, medication and prescriber information auto-fills on the form. Fill out the prescriber's fax number if not already completed. Click *Fax request* to efax the form to the prescriber for completion and submission to the plan. Choose to fax to *prescribing physician* and click *Fax*. The physician will receive the needed PA form as well as instructions to optionally complete and submit the PA online via CoverMyMeds.
3. **Manage PA follow-up.** Use the CoverMyMeds *Dashboard* and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

Questions?

RelayHealth and CoverMyMeds have a support team available to help you throughout the process. For questions, contact us at (800) 388-2316. If you are online via CoverMyMeds, simply use the live chat feature.

EXHIBIT 1-B-65

To: Sample Name

Fax Number: 614-232-8813

Reminder: Your store is contracted for PriorAuthPlus

Reminder: Your pharmacy has functionality for the RelayRx PriorAuthPlus program. To streamline the PA process, you should use PriorAuthPlus powered by CoverMyMeds to send PA rejections to the prescriber through the claim resubmission process. PriorAuthPlus can be used for any drug and any plan.

Your pharmacy hasn't recently used PriorAuthPlus. We ask that your store implement this process today for all PA related rejections.

To start a PA, follow these easy steps:

Step 1: Upon receipt of your next PA related rejection (70, 75 or 76), enter the following codes and resubmit the claim to start, and automatically send, a drug/plan specific PA to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Step 2: Prescriber completes the paper PA, or accesses the PA online and sends it to the plan. The plan notifies the prescriber of the approval or denial via fax, normally within 1-3 business days. You're done!

To check on the status of a PA or to refax the PA to the prescriber, use the CoverMyMeds Dashboard. Your location's login information is:

Username: sampleuser

Password: Use existing password or call CoverMyMeds at 866-452-5017 to reset it.

To rebill the plan, remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

If you have additional questions, please refer to the attached Pharmacy Reference Guide. For any personal assistance, please call the RelayHealth Support Center at 800-388-2316.

If you would like to be removed from this fax list, please contact CoverMyMeds at (866) 452-5017.

CMM-001-000118

Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a

rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



CMM-001-000119

EXHIBIT 1-B-66

To: Sample Name

Fax Number: 614-232-8813

Reminder: Your store is contracted for PriorAuthPlus

Reminder: Your pharmacy has functionality for the RelayRX PriorAuthPlus program. To streamline the PA process, your corporate office has already implemented PriorAuthPlus, powered by CoverMyMeds to send PA rejections to the prescriber through the claim resubmission process. PriorAuthPlus can be used for any drug and any plan.

Our records show that your pharmacy hasn't used this process in recent months. We want to remind your store that this time-saving solution is available to you now to streamline the PA submission process.

Starting a PA request is easy! Follow one easy step:

Upon receipt of your next PA rejected claim (reject code 70, 75 or 76), enter the following codes and resubmit the claim. Doing so will automatically send a drug/plan specific PA request to the prescriber.

Field	Enter code
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber should complete the PA and submit it to the plan for a determination. The plan notifies the prescriber of the approval or denial, normally within 1–3 business days.

To check on the status of a PA, simply visit CoverMyMeds.com. Your location's login information is:

Your username: sampleuser

Your Password: Use existing password or call CoverMyMeds at 866-452-5017 to reset it.

To resubmit the PA-approved claim for payment, remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

If you have additional questions, please refer to the attached Pharmacy Reference Guide. For any personal assistance, please call the RelayHealth Support Center at 800-388-2316.

If you would like to be removed from this fax list, please contact CoverMyMeds at 866-452-5017.

CMM-001-000120

Pharmacy Reference Guide

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a

rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



CMM-001-000121

EXHIBIT 1-B-67



Prior Authorizations just got easier!

Submitting a PA, through PioneerRx and CoverMyMeds, has been made easier! Your PA requests are now automatically faxed to the prescriber, from your PioneerRx system

The new process:

1. When presented with a PA-related rejection of **70**, **75**, or **76**, click the CoverMyMeds button to quickly submit the PA to the prescriber via CoverMyMeds.
2. You'll be shown a landing page that confirms the PA has been sent.
3. **You're done!**

Other reasons to submit PA's, through PioneerRx and CoverMyMeds:

1. ***ePA(electronic Prior Authorization)*** – CoverMyMeds has integrated with several major Health Plans, which gives your pharmacy the ability to access the determination electronically. This results in a much quicker determination time and reduces the follow-up process for your pharmacy.
2. **Integrations with EMR/EHR Vendors** – We are integrated with approximately 450 EMR/EHR systems. This gives you the ability to submit PA's directly into a Physician's queue, which will provide better response times from Physicians.

If you have any questions about the new process or if you need help accessing your account call **866-452-5017** to speak to a PA expert today.

CMM-001-000122

EXHIBIT 1-B-68



To: Sample Name

Fax Number: 614-232-8813

Subject: Your store is contracted for PriorAuthPlus

Reminder: Your pharmacy has functionality for the RelayRx PriorAuthPlus program. To streamline the PA process, you should use PriorAuthPlus powered by CoverMyMeds to send PA rejections to the prescriber through the claim resubmission process. PriorAuthPlus can be used for any drug and any plan.

Your pharmacy hasn't recently used PriorAuthPlus. We ask that your store implement this process today for all PA related rejections. To start a PA, follow these easy steps:

Step 1: Upon receipt of your next PA related rejection (70, 75 or 76), enter the following codes and resubmit the claim to start, and automatically send, a drug/plan specific PA to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Step 2: Prescriber completes the paper PA, or accesses the PA online and sends it to the plan. The plan notifies the prescriber of the approval or denial via fax, normally within 1-3 business days. You're done!

To check on the status of a PA or to refax the PA to the prescriber, use the CoverMyMeds Dashboard. Your location's login information is:

Username: sampleuser

Password: Your location's **NCPDP** number

To rebill the plan, remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

If you have additional questions, please refer to the attached Pharmacy Reference Guide. For any personal assistance, please call the RelayHealth Support Center at 800-388-2316.

Sincerely,

Rite Aid Pharmacy Operations Team

FAX TEMPLATE NO. 77

CMM-001-000123

EXHIBIT 1-B-68

Pharmacy Reference Guide

PriorAuthplus™
powered by covermymeds®

What is PriorAuthPlus? PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial, Medicare, & Medicaid plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered or "75"-Prior Authorization Required), add modifiers and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see? The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications. The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. The pharmacy will receive a rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?**1. Resubmit the rejected claim with adjusted codes.**

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.**3. Plan notifies the prescriber of the PA outcome.**

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds *Dashboard* and the reminders feature to manage follow-up with the prescriber, plan or patient.

- Log in to the Rite Aid Portal.
- Under "My Applications", click on Internet links.
- Look under "Third Party Links" and select "Cover My Meds" (this will take you to covermymeds.com).
- Your username will be "RA" followed by your 5-digit store number (example store 1234 will log in as RA01234) and your password will be your 7-digit NCPDP number.

The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316

 **RelayHealth**
CMM-001-000124



EXHIBIT 1-B-69

covermymeds®

Pharmacy First Aligns with CoverMyMeds for Your Prior Authorization Solution

Pharmacy First is now aligned with CoverMyMeds to automate prior authorization (PA) requests directly in your pharmacy system. With a click of one button, pharmacists can easily initiate and track requests for all drugs and all prescription benefit plans.

The result is reduced administrative waste, more filled scripts and patients who receive the medication they require.

BENEFITS



AUTO-FILL REQUESTS

Skip faxes and phone calls by initiating requests through your pharmacy system and auto-filling patient and prescriber information.



AUTOMATIC NOTIFICATIONS

CoverMyMeds will automatically send a notification to the prescriber along with instructions to access the pre-populated PA online.



ONLINE TRACKING

With CoverMymeds, you can track initiated PA requests, and view real-time determinations online. No need to call prescribers or plans to follow up.

USE COVERMYMEDS FOR FREE

Call 1-866-452-5017 to speak with a PA expert who can help access your account within minutes.

FIND INTEGRATED SYSTEMS

pharmacysystems.covermymeds.com

Thank you for your continued membership as a valued Pharmacy First pharmacy.

This fax provides important information to make prior authorization requests easier, and help patients receive required medication. If you no longer wish to receive these faxes, you can make a request to have your number removed from our list by placing a toll-free call to 1-866-452-5017 or sending a toll-free fax to 1-844-865-3740 identifying the number you would like us to remove. By law, we are required to honor your request within 30 days.

CMM-001-000125

RX-10

EXHIBIT 1-B-70

covermymeds®

Are You Ready for a 37% Increase in Prior Authorization (PA) Requests?

This is peak PA Season: new health plans, medication formulary changes and prescription renewals for patients. **Skip paper forms and use CoverMyMeds within your pharmacy system for every PA request.**

With a click of a button you can auto-share PA requests with prescribers, reduce administrative waste, increase dispense rates of brand medications and help patients get the medications they need.



BENEFITS



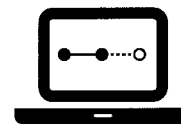
AUTO-FILL PA REQUESTS

Initiate PA requests through your pharmacy system and auto-fill patient and prescriber information.



ALERT THE PRESCRIBER

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated request.



TRACK DETERMINATIONS

Track initiated requests and view real-time determinations online. No need to call prescribers or plans to follow up.

BEGIN USING COVERMYMEDS

Call 1-866-452-5017 to speak with a PA expert who can assist with accessing your account within minutes.

This fax provides important information to make prior authorization requests easier, and help patients receive required medication. If you no longer wish to receive these faxes, you can make a request to have your number removed from our list by placing a toll-free call to 1-866-452-5017 or sending a toll-free fax to 1-844-865-3740 identifying the number you would like us to remove. By law, we are required to honor your request within 30 days.

CMM-001-000126

RX-12

EXHIBIT 1-B-71

covermymeds®

Are You Ready for a 37% Increase in Prior Authorization (PA) Requests?

January is PA Season: new health plans, medication formulary changes and prescription renewals for patients. **Skip paper forms and use CoverMyMeds within your pharmacy system for every PA request.**

With a click of a button you can auto-share PA requests with prescribers, reduce administrative waste, increase dispense rates of brand medications and help patients get the medications they need.



BENEFITS



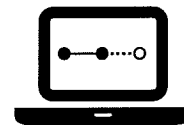
AUTO-FILL PA REQUESTS

Initiate PA requests through your pharmacy system and auto-fill patient and prescriber information.



ALERT THE PRESCRIBER

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated request.



TRACK DETERMINATIONS

Track initiated requests and view real-time determinations online. No need to call prescribers or plans to follow up.

BEGIN USING COVERMYMEDS

Call 1-866-452-5017 to speak with a pharmacy specialist who can create your free account within minutes.

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

CMM-001-000127

RX-3

EXHIBIT 1-B-72



To: Sample Name

Fax Number: 614-232-8813

Re: Thanks for using CoverMyMeds to help keep your patients on the preferred therapy!

Since integrating with CoverMyMeds, Rx30 pharmacies have helped over 180,000 patients get on the medication preferred by their doctor, avoiding abandonment of therapy and resulting in more filled prescriptions for your pharmacy. Since you are one of the many Rx30 pharmacies using our site to help their patients, we wanted to say thanks!

In addition, we wanted to notify you about an update made to the CoverMyMeds feature. Now, whenever you receive a Prior Authorization (PA) related rejection for certain medications, we will send an augmented message reminding you that this process is available. You'll see a message that looks as follows:

Press F8 "PA-REQ" to send a PA to the prescriber.

* To take advantage of the new messaging, upgrade to Build 13069

As a reminder, once you press the F8 key, you will be automatically logged in to your CoverMyMeds account. The drug and plan information are used to present you with the proper form(s). Confirm the form selection to auto-fill drug, patient and prescriber information. Then, quickly fax the form to the prescriber.

If you know other Rx30 pharmacies that would benefit from using CoverMyMeds, click the Tell a colleague link at the top of any page in CoverMyMeds to send them a quick email.

Thanks again for your continued support!

The CoverMyMeds Team

P: (866) 452-5017

F: (615) 379-2541

help@covermymeds.com

CMM-001-000128

EXHIBIT 1-B-73



To: Sample Name

Fax Number: 614-232-8813

Re: Join other Rx30 pharmacies using CoverMyMeds

Since integrating with CoverMyMeds, Rx30 pharmacies have helped over 180,000 patients get on the medication preferred by their doctor. This process not only helps patients avoid abandonment of therapy, it directly results in more filled prescriptions in your pharmacy!

Getting started is easy!

Once you receive a Prior Authorization (PA) related rejection, press the F8 key to start a drug and plan specific PA. For certain medications, we will send an augmented message reminding you that this process is available. You'll see a message that looks as follows:

Press F8 "PA-REQ" to send a PA to the prescriber.

* To take advantage of the new messaging, upgrade to Build 13069

Once you press the F8 key, you will be automatically logged in to your CoverMyMeds account. The drug and plan information are used to present you with the proper form(s). Confirm the form selection to auto-fill drug, patient and prescriber information. Then, quickly fax the form to the prescriber.

To access your account at any time, go to CoverMyMeds.com and enter your login information below:

Username: sampleuser

Password: Use your existing password or call CoverMyMeds at (866) 452-5017 to reset it.

For personal assistance, please feel free to contact us!

The CoverMyMeds Team

P: (866) 452-5017

F: (615) 379-2541

help@covermymeds.com

CMM-001-000129



EXHIBIT 1-B-74

covermymeds®

AUTOMATING PRIOR AUTHORIZATION

Save Time, Fill More Scripts and Cut Administrative Waste with Tops Markets

CoverMyMeds automates prior authorization (PA) requests directly in your pharmacy system for all drugs and any plan.

Upon PA rejection (70,75 or 76), enter the following codes and resubmit the claim to initiate the request. It will automatically be sent to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)



TIP #1

Autofill PA Requests

Skip faxing paper PA forms by initiating request through your pharmacy system and auto-filling patient and prescriber information. auto-filling patient and prescriber information.



TIP #2

Alert the Prescriber

CoverMyMeds will automatically send a notification to the prescriber along with instructions to access the pre-populated PA online.



TIP #3

Track Determinations Online

CoverMyMeds provides pharmacies the ability to track their initiated PA requests, as well as view real-time determinations online. No need to call prescribers or plans to follow up.

BEGIN USING COVERMYMEDS

Call 866-452-5017 to speak with a PA expert who can help you access your account within minutes.

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.

CMM-001-000130

RX-4



EXHIBIT 1-B-75

covermymeds®

AUTOMATING PRIOR AUTHORIZATION

Save Time, Fill More Scripts and Cut Administrative Waste at No Cost

CoverMyMeds automates prior authorization (PA) requests directly in your pharmacy system. With a click of one button, pharmacists can easily initiate and track requests. The result is reduced administrative waste, more filled scripts and patients who receive the medication they require.

BENEFITS



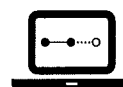
AUTOFILL REQUESTS

Skip faxes and phone calls by initiating requests through your pharmacy system and auto-filling patient and prescriber information.



AUTOMATIC NOTIFICATIONS

CoverMyMeds will automatically send a notification to the prescriber along with instructions to access the pre-populated PA online.



ONLINE TRACKING

With CoverMymeds, you can track initiated PA requests, and view real-time determinations online. No need to call prescribers or plans to follow up.

BEGIN USING COVERMYMEDS

Email PDXaccount@covermymeds.com or call 1-866-452-5017 to speak with a PA specialist who can configure your IP connection and create your account within moments.

This fax provides important information to make prior authorization requests easier, and help your patients receive the medication you prescribe. If you no longer wish to receive these faxes, please call toll free 866-452-5017 or fax 615-379-2541. By law, we will stop faxes within 30 days.



EXHIBIT 1-B-76

covermymeds®

Save Time, Fill More Scripts and Cut Administrative Waste at No Cost

Pharmacy First is now aligned with CoverMyMeds to bring additional value to your pharmacy with faster prior authorization (PA). With CoverMyMeds, pharmacists can electronically initiate, track and share PA requests all from one place - **covermymeds.com**.

Quickly start PA requests and electronically share them with prescribers for all drugs and any prescription benefit plan.

BENEFITS



AUTO-FILL REQUESTS

Skip faxes and phone calls by initiating requests through your pharmacy system and auto-filling patient and prescriber information.



AUTOMATIC NOTIFICATIONS

CoverMyMeds will automatically send a notification to the prescriber along with instructions to access the pre-populated PA online.



ONLINE TRACKING

With CoverMymeds, you can track initiated PA requests, and view real-time determinations online. No need to call prescribers or plans to follow up.

LOG IN OR REGISTER FOR FREE

Go to covermymeds.com to log in or click "Create a Free Account" to register in minutes.

QUESTIONS? CoverMyMeds can help.

Visit covermymeds.com or call 1-866-452-5017 to speak with a PA expert.

Thank you for your continued membership as a valued
Pharmacy First pharmacy.

This fax provides important information to make prior authorization requests easier, and help patients receive required medication. If you no longer wish to receive these faxes, you can make a request to have your number removed from our list by placing a toll-free call to 1-866-452-5017 or sending a toll-free fax to 1-844-865-3740 identifying the number you would like us to remove. By law, we are required to honor your request within 30 days.

CMM-001-000132

RX-11



EXHIBIT 1-B-77

covermymeds®

Save Time, Fill More Scripts and Cut Administrative Waste

CoverMyMeds automates prior authorization (PA) requests directly in your pharmacy system for all drugs and any plan. Upon PA rejection (70, 75 or 76), enter the following codes and resubmit the claim to initiate the request. It will automatically be sent to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

BENEFITS



AUTO-FILL REQUESTS

Skip faxes and phone calls by initiating requests through your pharmacy system and auto-filling patient and prescriber information.



AUTOMATIC NOTIFICATIONS

CoverMyMeds will automatically send a notification to the prescriber along with instructions to access the pre-populated PA online.



ONLINE TRACKING

With CoverMymeds, you can track initiated PA requests, and view real-time determinations online. No need to call prescribers or plans to follow up.

BEGIN USING COVERMYMEDS

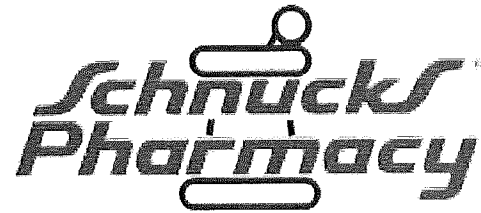
Call 1-866-452-5017 to speak with a PA expert who can help you access your account within minutes.

This fax provides important information to make prior authorization requests easier, and help patients receive required medication. If you no longer wish to receive these faxes, you can make a request to have your number removed from our list by placing a toll-free call to 1-866-452-5017 or sending a toll-free fax to 1-844-865-3740 identifying the number you would like us to remove. By law, we are required to honor your request within 30 days.

CMM-001-000133

RX-9

EXHIBIT 1-B-78



Dear Dr. Sample Name and Staff:

Our Pharmacy is using CoverMyMeds to send you necessary Prior Authorization (PA) requests for your patients. We use the patients' drug benefit information to choose the most appropriate PA form, pre-fill some of the requested information and fax you access instructions to save you time.

Please create a CoverMyMeds account to **electronically access and submit these PAs.**

When your office or the plan marks the PA as approved, our pharmacy will be automatically notified to fill the prescription- saving your office time spent on the phone.

With a CoverMyMeds account you can also:

- Complete PAs started by other pharmacies using CoverMyMeds
- Proactively find, complete and submit PAs for any drug and nearly all plans
- Receive real-time online approvals for participating plans

Creating your free CoverMyMeds account is quick and easy:

1. Simply go to CoverMyMeds.com and click **Create an Account**
2. Complete your account preferences
3. Follow the instructions to verify your prescribers

For personal assistance getting started, please contact CoverMyMeds directly at (866)-452-5017.

Best Regards,

Schnucks Pharmacy

CMM-001-000134

EXHIBIT 1-B-79



Pharmacy Address:

9299 Market Place Broadview, OH 44147

tel: 800-786-9418

fax: 440-546-3870

email: jessicam@skilledcare.com

Dear Sample Name and Staff,

Our Pharmacy is using CoverMyMeds to send you necessary Prior Authorization (PA) requests for your patients. We use the patients' drug benefit information to choose the most appropriate PA form, pre-fill some of the requested information and fax you access instructions to save you time.

Please create a CoverMyMeds account to **electronically access and submit these PAs.**

When your office or the plan marks the PA as approved, our pharmacy will be automatically notified to fill the prescription – saving your office time spent on the phone.

With a CoverMyMeds account you can also:

- Complete PAs started by other pharmacies using CoverMyMeds
- Proactively find, complete and submit PAs for any drug and nearly all plans
- Receive real-time online approvals for participating plans

Creating your free CoverMyMeds account is quick and easy:

1. Simply go to CoverMyMeds.com and click **Create an Account**
2. Complete your account preferences
3. Follow the instructions to verify your prescribers

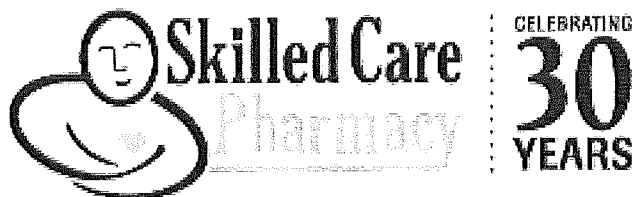
For personal assistance getting started, please contact CoverMyMeds directly at (866)-452-5017.

Best Regards,

Skilled Care Pharmacy

CMM-001-000135

EXHIBIT 1-B-80



Pharmacy Address:

6175 Hi-Tek Court, Mason OH 45040

tel: 800-786-9418

email: Joec@skilledcare.com

Dear Sample Name and Staff,

Our Pharmacy is using CoverMyMeds to send you necessary Prior Authorization (PA) requests for your patients. We use the patients' drug benefit information to choose the most appropriate PA form, pre-fill some of the requested information and fax you access instructions to save you time.

Please create a CoverMyMeds account to **electronically access and submit these PAs.**

When your office or the plan marks the PA as approved, our pharmacy will be automatically notified to fill the prescription – saving your office time spent on the phone.

With a CoverMyMeds account you can also:

- Complete PAs started by other pharmacies using CoverMyMeds
- Proactively find, complete and submit PAs for any drug and nearly all plans
- Receive real-time online approvals for participating plans

Creating your free CoverMyMeds account is quick and easy:

1. Simply go to CoverMyMeds.com and click **Create an Account**
2. Complete your account preferences
3. Follow the instructions to verify your prescribers

For personal assistance getting started, please contact CoverMyMeds directly at (866)-452-5017.

Best Regards,

Skilled Care Pharmacy

CMM-001-000136

EXHIBIT 1-B-81



PriorAuthplusTM
powered by **covermymeds**[®]

To: Sample Name

Fax Number: 614-232-8813

Reminder: Sending a PA request to the prescriber just got easier

Today, Spartan turned on the functionality for the new PriorAuthPlus program. As a Spartan pharmacy, you will use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. To begin, start a PA request in your claims system, and then we will automatically fax it to the prescriber for you.

Functionality: Upon receipt of your next PA related rejection (NDC Not Covered, Prior Authorization Required or Plan Limitations Exceeded), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form and fax it to the plan for completion.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your username: sampleuser

Your password: passhash

For assistance using PriorAuthPlus, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best regards,

RelayHealth and CoverMyMeds

CMM-001-000137

Pharmacy Reference Guide

PriorAuthplus™

powered by covermymeds®

What is PriorAuthPlus?

PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicaid and Medicare) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required, "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications.

The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field.

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a rejection message in return confirming that the fax has

been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome.

The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds Dashboard and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact us at (800) 388-2316



CMM-001-000138

EXHIBIT 1-B-82

To: Prior Authorization Staff
From: Stop & Shop Pharmacies
Re: Easier Prior Authorizations

Dear Prior Authorization Staff:

We recently started a Prior Authorization (PA) request for one of your patients using **CoverMyMeds** – a simple, free solution to find, complete, and submit PAs.

Completing the PA started by our pharmacy is easy!

1. Go to CoverMyMeds.com and click Enter key under the login box.
2. Enter the following information to gain access to the PA:

Key:

Patient last name:

Patient DOB:

3. Complete the necessary fields and click Fax request. Create a free CoverMyMeds account to save this PA and fax it directly to the plan.

If your office uses NaviNet for eligibility and benefits or claims status inquiry checks, there is no need to create a CoverMyMeds account. CoverMyMeds has partnered with NaviNet to allow you to access CoverMyMeds right from your NaviNet account.

With a CoverMyMeds account, you can:

- Complete PAs started by thousands of nearby pharmacies
- Easily find, complete and submit PAs for any drug or any plan
- Submit an ePA to participating plans – find out within seconds if the PA has been approved or needs further review.

For personal assistance getting started, please contact CoverMyMeds at (866) 452-5017.

Best regards,

Stop & Shop Pharmacies

CMM-001-000139

EXHIBIT 1-B-83



To: Sample Name

Fax Number: 614-232-8813

Re: Sending a PA request to the prescriber just got easier

Today, Supervalu turned on your new functionality for the PriorAuthPlus program. As a pharmacy, you can use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. After starting a PA request in your claims system, we will automatically fax it to the prescriber for you.

As a Supervalu pharmacy, use PriorAuthPlus powered by CoverMyMeds to initiate drug and plan specific PA forms. Upon receipt of your next PA related rejection (70, 75, & 76), resubmit the claim with "8" in the Prior Authorization Type Code field and "4444" in the Prior Authorization Number Submitted field to start a drug/plan specific PA form in CoverMyMeds.

Functionality: Upon receipt of your next PA related rejection (70, 75, & 76), enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Upon receipt, the prescriber's office can complete the form manually or go online to add clinical information, digitally sign the form and fax it to the plan via CoverMyMeds.

You should still access your CoverMyMeds account to manage any PA follow-up or to re-fax the PA request to the prescriber. To access your account, go to CoverMyMeds.com and Login.

Your username: sampleuser

Your Password: Your location's NCPDP/NABP number

For assistance, please refer to the Pharmacy Reference Guide attached or call 800-388-2316.

Best Regards,

RelayHealth and CoverMyMeds



Pharmacy Reference Guide

What is PriorAuthPlus? PriorAuthPlus helps pharmacies initiate drug and plan specific Prior Authorization (PA) forms via a resubmitted claim. This free service works for most commercial and government (i.e. Medicare & Medicaid) prescription benefit plans.

Upon receipt of a PA related rejection ("70"-NDC Not Covered, "75"-Prior Authorization Required and "76"-Plan Limitations Exceeded), add a modifier and the prescriber's fax number to the claim to prompt RelayHealth to create a PA form in CoverMyMeds.

Patient, drug and prescriber information auto-fills in the request. After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online. Upon receipt, the prescriber's office can complete the form manually or go online to confirm the form selection, add clinical information, digitally sign the form, and fax it to the health plan via CoverMyMeds.

What are the major benefits of PriorAuthPlus?

- Helps ensure patients receive the medication preferred by their doctor
- Reduces prescription abandonment
- Builds relationships and improves PA response via collaboration with other healthcare professionals
- Improves pharmacy and prescriber productivity via a streamlined PA process
- Reduces follow-up calls to the prescriber

What kind of messages can I expect to see?

The PriorAuthPlus claim resubmission process works for any medication. However from time to time, appropriate rejection codes are augmented to remind the Pharmacy to use PriorAuthPlus for certain medications. The message looks as follows:

PriorAuthPlus assistance available – Resubmit claim with "8" in Prior Auth Type Code, "4444" in Prior Auth Number Submitted and add the prescriber's fax number in the Intermediary Auth ID Field

After submitting the claim with modifiers and the prescriber's fax number, the request will be automatically sent to the prescriber. You will receive a rejection message in return confirming that the fax has been sent with instructions for follow-up. The message looks as follows:

Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up.

How do I start a PA using PriorAuthPlus?

1. Resubmit the rejected claim with adjusted codes.

For any PA related rejection, enter the following codes to start a drug/plan specific PA in CoverMyMeds and automatically fax the request to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

2. Prescriber completes the paper PA form, or accesses the form online and sends it to the plan.

3. Plan notifies the prescriber of the PA outcome. The prescriber typically receives a response from the plan via fax within 3 business days. The prescriber can archive the form in CoverMyMeds to automatically send the pharmacy an email with the outcome. Alternatively, the pharmacy can re-process the claim to check for an approval.

4. Manage PA follow-up. Use the CoverMyMeds *Dashboard* and the reminders feature to manage follow-up with the prescriber, plan or patient. The notes section tracks the online activity of the PA whenever the prescriber accesses it via CoverMyMeds.

5. After a determination is received, resubmit the claim to the original third party. Remove the Prior Authorization Type Code of "8," the Prior Authorization Number of "4444," and the fax number from Intermediary Auth ID and resubmit the claim.

Questions? Contact RelayHealth at (800) 388-2316. If you are online via CoverMyMeds, simply use the live chat feature.

EXHIBIT 1-B-83

PriorAuthplus™
powered by covermymeds®

Pharmacy Reference Guide

How to add modifiers:

When you receive a claim with a reject for "70"-NDC Not Covered, "75"-Prior Authorization Required, or "76"-Plan Limitations Exceeded, resubmit the claim with the following overrides:

On the Third Party Edit screen and under TP Edit I tab:

1. "8 – Payer Defined Exemption" in Prior Authorization Type
2. "1 – Intermediary Authorization" in Intermediary Type
3. "4444" in the Prior Authorization Code field
4. The doctor's 10-digit fax number in the Intermediary ID field (ex. "8479164513")

Third Party Edit

Patient:	TEST	APM	DOB:	06/01/1927	
Plan:	APM	Cardholder Number:	W202875762	Person Code:	01
Plan Phone:	(800) 238-6279	Group:	ABC		
Rx Number:		Refill Number:	0	Patient Residence:	Home
Drug:	AMOXICILLIN 500MG CAPSULE			Dispensed Quantity:	30
Prescriber:	CARL	TEST	HILL	Prescriber Phone:	(847) 916-4513

TP Edit I | TP Edit II | TP Edit III | DUR | COB | Narrative | Image

1. Prior Authorization Type:	8 - Payer Defined Exempt	3. Prior Authorization Code:	4444
2. Intermediary Type:	1 - Intermediary Authoriz	4. Intermediary ID:	8479164513
Diagnosis Qualifier:	01 - (ICD9) International	Diagnosis Code:	

Resubmit the claim, it will reject and you'll receive an augmented reject message:

"Prior Authorization (PA) sent to prescriber. Login to CoverMyMeds.com to manage PA follow-up."

After submitting the claim to PriorAuthPlus, a fax is automatically sent with the appropriate PA form and/or instructions to access the PA form online.

Questions? Contact RelayHealth at (800) 388-2316 If you are online via CoverMyMeds, simply use the live chat feature.

RelayHealth
CMM-001-000142

EXHIBIT 1-B-84



Computer Systems, Inc.

covermymeds®

Save Time and Reduce Prescription Abandonment

CoverMyMeds is integrated with VIP Computer Systems to automate prior authorizations (PAs). Reduce administrative waste, fill more scripts and help patients get the medication they need by clicking one button to initiate a PA in your pharmacy system.

TIP #1

Autofill PAs online

Skip paper PA forms by initiating PAs in VIP. To initiate a PA, click the "Submit Prior Auth" button. The system will auto-fill patient and prescriber information.

TIP #2

Alert the Prescriber

CoverMyMeds will send a notification to the prescriber along with instructions to access the pre-populated PA online.

TIP #3

Track electronically

CoverMyMeds provides pharmacies the ability to track their initiated PAs, as well as view real-time determinations online. No need to call prescribers or plans to follow up.

INSTRUCTIONS FOR USING COVERMYMEDS IN VIP

Working in the background

1. You will receive a PA rejection under the review screen (USN or f2.) These will be highlighted in teal.
2. Choose rejection and it will prompt you to submit to CoverMyMeds with "S." Select "Y" to submit. After doing so it will be highlighted in gold.
3. If for some reason it's rejected, choose #6 from the prescription menu and send the PA to CoverMyMeds manually.

Working in the foreground

1. You will see the rejection on the screen for prior authorization.
- 2a. For a new Rx, put the Rx on profile as unfilled and you will get the option to submit to CoverMyMeds.
- 2a. For refills, you will be asked if you would like to submit for prior authorization. Select "Y" then f8 out of the script.
3. If for some reason it's rejected, choose #6 from the prescription menu and send the PA to CoverMyMeds manually.

Begin Using CoverMyMeds Call 866-452-5017 to speak with a pharmacy specialist who can create your free account within moments.

If you no longer want to receive these faxes, please call toll free 866 -452-5017 or fax 615-379-2541.

CMM-001-000143

EXHIBIT 1-B-85

To: Sample Name

Fax Number: 614-232-8813

Reminder: Your store is contracted for PriorAuthPlus

Pharmacy Manager,

Wegmans has contracted with PriorAuthPlus to give our pharmacies an easier way to handle Prior Authorization (PA) related rejections. PriorAuthPlus allows you to start a drug and plan specific PA form by resubmitting a claim through our standard claim process.

To start a PA, follow these easy steps:

Step 1: Upon receipt of your next PA related rejections (70, 75 or 76), enter the following codes and resubmit the claim to start, and automatically send, a drug/plan specific PA to the prescriber.

Field	Codes
Prior Auth Type Code	8
Prior Auth Number Submitted	4444
Intermediary Auth ID (464-EX)	10 digit prescriber fax number (Ex. 5551231234)

Step 2: Prescriber completes the paper PA, or accesses the PA online and sends it to the plan. The plan notifies the prescriber of the approval or denial via fax, normally within 1-3 business days. You're done!

To check on the status of a PA or to refax the PA to the prescriber, use the CoverMyMeds Dashboard. Your location's login information is:

Username: sampleuser

Password: NCPDP number

In addition, you will also start to see rejection messages on certain claims reminding you to use PriorAuthPlus to initiate PAs.

PriorAuthPlus allows you to:

- **Start a drug and plan specific PA** using your current claim resubmit process.
- **Auto-fill patient, drug and prescriber information** on the PA from the original claim and rejection.
- Access the PA form and **quickly fax it to the prescriber** for completion, signature and submission to the plan.

For assistance getting started, please contact CoverMyMeds at (866) 452-5017.

Best regards,
Wegmans

CMM-001-000144

EXHIBIT 2

PODIATRY IN MOTION, INC. v. COVERMYMEDS, LLC, No. 16 CV 2653**NOTICE OF PROPOSED CLASS ACTION SETTLEMENT****THE COURT APPROVED SENDING THIS NOTICE TO YOU VIA FACSIMILE.**

YOU RECEIVED THIS NOTICE BECAUSE THE RECORDS OF DEFENDANT COVERMYMEDS INDICATE YOU RECEIVED ONE OR MORE FACSIMILES DURING THE CLASS PERIOD FROM COVERMYMEDS, WHICH PLAINTIFF ALLEGES VIOLATED THE TCPA. COVERMYMEDS DENIES THESE FAXES VIOLATED THE TCPA.

IF YOU RECEIVED CERTAIN FAXES FROM COVERMYMEDS DURING THE CLASS PERIOD YOU ARE A MEMBER OF THE PROPOSED SETTLEMENT CLASS IN THIS CASE. PLEASE READ THIS NOTICE CAREFULLY. IF YOU WISH TO BE PAID BENEFITS UNDER THIS SETTLEMENT, YOU MUST SUBMIT A CLAIM FORM BY **DATE.**

I. WHY YOU RECEIVED THIS NOTICE

You received this notice because the records of CoverMyMeds show that you received one or more facsimiles from CoverMyMeds during the period February 29, 2012 to **XXXXX, 2016** (the "Class Period") which Plaintiff alleges violated the Telephone Consumer Protection Act ("TCPA") (47 U.S.C. §227). CoverMyMeds denies that it violated the TCPA.

II. WHAT IS THE LAWSUIT ABOUT?

Podiatry In Motion, Inc. ("Plaintiff"), sued CoverMyMeds, LLC ("Defendant") in the above captioned lawsuit (the "Lawsuit"), alleging that it received an unsolicited facsimile advertisement sent by CoverMyMeds promoting its goods or services. Specifically, the fax which Plaintiff alleges was sent to it in violation of the TCPA, encouraged it to register at no cost for a CoverMyMeds account to process prescription preauthorization requests. Plaintiff further alleged that CoverMyMeds sent other faxes to the Settlement Class Members which also violated the TCPA. There were two general categories of faxes sent by CoverMyMeds, which Plaintiff contends violated the TCPA. These two categories are Transactional Faxes and Non-Transactional Faxes. These faxes are defined in Exhibit 1 to the Settlement Agreement. Transactional Faxes were sent in connection with the processing of a prescription pre-authorization and also included what Plaintiff contends is some material promoting CoverMyMeds or recruiting recipients to register at no cost for a CoverMyMeds account. Non-Transactional Faxes are faxes which were sent to recruit the recipient to register at no cost for a CoverMyMeds account. Examples of copies of the Transactional Faxes and the Non-Transactional Faxes covered by this Settlement may be viewed on the settlement website www.RxAuthfaxsettlement.com. CoverMyMeds denies that either the Transactional Faxes or the Non-Transactional Faxes are "unsolicited advertisements" that are subject to the TCPA and asserts that it did not violate the TCPA by sending these faxes. Plaintiff's counsel has obtained the records of CoverMyMeds which show who received Transactional Faxes and Non-Transactional Faxes. The Claim Form at the end of this Notice indicates which category of faxes you received.

Under the TCPA a person who receives a facsimile sent in violation of the Act may bring an action against the sender and the TCPA provides for recovery of either actual damages or statutory damages of \$500 per fax. Further the Court may

increase the statutory damages up to \$1,500 per fax if it finds the defendant willfully or knowingly violated the TCPA. This is a settlement and the Court has not held that CoverMyMeds violated the TCPA.

CoverMyMeds agreed to settle this law suit solely to avoid the expense and inconvenience of litigation. If this Settlement is not approved, CoverMyMeds will vigorously defend the Lawsuit.

Plaintiff has brought the Lawsuit on behalf of itself and the Settlement Class set forth below. The Court has preliminarily certified the Settlement Class which has been defined as:

All persons and entities with fax numbers who during the period of February 29, 2012 through and including [the date of the entry of the preliminary approval order in this action], were sent Transactional or Non-Transactional faxes by or on behalf of CoverMyMeds, LLC or any CMM User.

III. WHO REPRESENTS YOU

The Court has appointed Edelman, Combs, Lattuner, & Goodwin, LLC to represent the Settlement Class as Settlement Class Counsel. Settlement Class Counsel may be contacted at: **Edelman, Combs, Lattuner, & Goodwin, LLC, 20 S. Clark St., Suite 1500, Chicago, IL 60603; 312-739-4200, (312) 419-0379 (FAX), www.edcombs.com.**

IV. WHAT IS THE PROPOSED SETTLEMENT?

The parties to the Lawsuit have agreed to settle after negotiations including a mediation before Judge James Holderman, a retired federal judge who was Chief Judge of the Northern District of Illinois. Under the proposed settlement, Defendants have agreed to pay a total of \$9,600,000 to settle the claims of Plaintiff and the Settlement Class (the "Settlement Fund"). If this settlement is approved by the Court, the Settlement Fund will cover costs of notice and administration of the settlement, an incentive award to the Plaintiff for its service as class representative (\$10,000), and attorneys' fees to Settlement Class Counsel (in an amount not to exceed one-third of the amount of the Settlement Fund). Settlement Class Counsel will file a Petition for Attorney Fees by **DATE, 2016**. After these amounts are deducted from the Settlement Fund, the remaining fund (the "Claim Payment Amount") will be used to pay the valid claims submitted by each Settlement Class Member by **DATE, 2016**. Claims will be paid

as follows. While Settlement Class Counsel believe that both the Transactional and Non-Transactional Faxes violate the TCPA, they concede that Defendant has a stronger argument that the Transactional Faxes, as opposed to the Non-Transactional faxes, are not unsolicited advertisements subject to the TCPA. Therefore, under the settlement, the claims of Settlement Class Members who received only Transactional Faxes (the majority of the Settlement Class received Non-Transactional faxes) will be paid at a lower amount than the claims of Settlement Class Members who received a Non-Transactional fax.

The amount to be paid for each claim will depend on the number and type of faxes the claimant received and the total number of claims received. After payment of notice and administration costs, an incentive award to Plaintiff, and the award of attorney's fees and costs approved by the Court, the remaining portion of the Settlement Fund (the "Claim Payment Amount") shall be used to pay the claims of the Settlement Class Members. Each Settlement Class Member who submits a timely and valid claim will receive one share for each Transactional Fax they received in the Class Period and five shares for each Non-Transactional Fax they received in the Class Period.

The amount to be paid per share shall be determined by dividing the Claim Payment Amount by the total number of shares from all timely and valid claims submitted by Settlement Class Members. The amount to be paid per fax under this settlement may be smaller or it could be greater than the statutory damages of \$500 per fax allowed under the TCPA, depending upon the number and type of claims filed by Settlement Class Members. There are approximately 620,000 persons or entities who are members of the Settlement Class. There were approximately 32 million Transactional Faxes and 1,676,289 Non-Transactional Faxes sent to the Settlement Class Members during the Class Period.

If you do not cash your settlement check within 60 days then your claim will be deemed to have been withdrawn and you will not receive payment. If sufficient funds, as defined in the Settlement Agreement, remain after all amounts due are paid under the Agreement, then a second distribution of remaining funds may be made to Settlement Class Members who cashed their settlement checks. Any remaining funds not distributed in a second distribution shall be distributed to a *cy pres* charity proposed by the Parties and approved by the Court.

If you remain in the Settlement Class, under the Settlement Agreement you will be releasing any claim you have against CoverMyMeds and others for sending you Transactional and Non-Transactional Faxes during the Class Period. The full release is contained in the Settlement Agreement which is available on the Settlement Website.

V. SUMMARY OF YOUR LEGAL RIGHTS AND OPTIONS

Members of the Settlement Class have the following options:

(1) Remain a member of the Settlement Class and submit a Claim Form to receive a portion of the Settlement Fund. In order to receive a cash payment under this settlement, you must

fully complete, sign and submit the Claim Form at the end of this notice in the manner indicated (see instructions on Claim Form) by **DATE, 2016**. If you do not submit a fully completed Claim Form by the date indicated, you will not receive a cash recovery and you will still remain a member of the Settlement Class and be bound by the terms of the Settlement Agreement entered into with respect to this Lawsuit. Under federal tax laws, if you receive a payment in excess of \$599.99, the person making the payment is required to obtain a form W-9 from you. The W-9 form will be sent to you after the Final Approval Hearing. If you are entitled to recover payment in excess of \$599.99 and you do not submit a completed W-9 form in addition to your Claim Form, then your payment may be adjusted or reduced to \$599.00.

(2) Exclude Yourself from the Settlement. If you do not wish to participate in the Settlement, you may exclude yourself from the Settlement by sending (via fax or US Mail) a letter of notice of your intent to be excluded from the Settlement to Settlement Class Counsel at Edelman, Combs, Lattner & Goodwin, LLC (30144), 20 S. Clark St., Suite 1500, Chicago, IL 60603, FAX: (312) 419-0379 or the Settlement Class Administrator, **[identify claims administrator]**. The notice of exclusion must state your name (or the name of your company), address, and the fax number at which you were sent a fax from Defendants, and the case name and number at the top of this notice, and state that you wish to be excluded from the Settlement Class. The Notice of Exclusion must be sent or postmarked on or before **DATE, 2016** or you will remain a Settlement Class Member. If you exclude yourself from the Settlement, you will not be eligible to receive a cash recovery under the Settlement and you will not be releasing any claims you may have against Defendant.

(3) Object to the Settlement. You have the right to tell the Court that you object to the Settlement or some part of it by filing a written objection with the Clerk of the Court advising the Court of your objection. If you wish to object to the Settlement, you must remain a member of the Settlement Class and you cannot exclude yourself from the Settlement Class. Either on your own or through an attorney, you can file an objection explaining why you think the Court should not approve the settlement. You must file the objection with the Clerk of the United States District Court, Northern District of Illinois, 219 S. Dearborn, 20th Fl., Chicago, IL 60604. The objection must contain the case name and number – *Podiatry In Motion v. CoverMyMeds, LLC*, No. 16 CV 2653 – at the top; your name, address and the fax number for the facsimile machine on which you were sent the fax by Defendant; a statement of your objection to the Settlement Agreement, an explanation of the legal and factual basis for the objection; and documentation, if any, to support your objection. The objection must be filed with the Clerk of the Court on or before **DATE, 2016**. The Court will consider your objection if you properly submit an objection on time. You must also mail a copy of your objection to Settlement Class Counsel at the address provided in paragraph III and to Defendant's Counsel at the following address: Bart T. Murphy, ICE MILLER LLP, 2300 Cabot Drive, Suite 455, Lisle, IL 60532.

(4) Do Nothing. You are not required to take any action and may simply do nothing. If you do nothing you will remain a member of the Settlement Class but you will not receive a cash recovery and will be bound by all the terms of the Settlement Agreement including, but not limited to, a release of any claims you may have against Defendant and others for sending you the faxes.

VI. WHAT AM I GIVING UP IN THE SETTLEMENT?

If the settlement becomes final, you will be releasing Defendant and its insurers, officers, directors, shareholders, employees and other related entities and any entities who were associated with or involved with sending the Transactional and Non-Transactional faxes, for any claims you may have against them arising from or in any way related to the transmission of the Transactional and Non-Transactional faxes to you. This release is more fully explained in the Settlement Agreement, which is available at the Clerk's Office during regular business hours, U.S. District Court for the Northern District of Illinois, 219 S. Dearborn St., Chicago, IL 60604, and is also posted on the settlement website: www.RxAuthfaxsettlement.com.

VII. FINAL APPROVAL HEARING

The Court has scheduled a final approval hearing for **DATE, 2016 at TIME a.m.** in Courtroom **XXXX** of the United States District Courthouse for the Northern District of Illinois at 219 S. Dearborn St., Chicago, IL 60604. You do not have to appear at this hearing. You or your attorney may attend this hearing if you desire and request to address the Court regarding any matters relating to this Settlement. The Court may reschedule the Final Approval hearing without further notice to the Settlement Class.

VIII. WHERE CAN I GET MORE INFORMATION?

This notice is intended only as a summary of the Lawsuit and proposed settlement. It is not a complete statement of the Lawsuit or the proposed settlement. You may inspect the pleadings and other papers (including the proposed Settlement Agreement) that have been filed in this case number, 16 CV 2653, at the office of the Clerk of the Court, U.S. District Court for the Northern District of Illinois, 219 S. Dearborn St., 20th FL., Chicago, IL 60604. The Settlement Agreement (excluding exhibits) and Settlement Class Counsel's Petition for Attorney's Fees are also available on the settlement website www.RxAuthfaxsettlement.com. If you have questions about this notice or the proposed settlement, you may contact the Settlement Class Administrator or Settlement Class Counsel at the address and phone number listed above. **DO NOT CONTACT THE COURT OR DEFENDANTS FOR INFORMATION.**

BY ORDER OF THE U.S. DISTRICT COURT, N.D. Ill.

***PODIATRY IN MOTION, INC. v. COVERMYMEDS, LLC*, No. 16 CV 2653 (N.D. Ill.)**

FAX NUMBER: [Populate Fax #]

**[Identify Claims Administrator]
(FAX)**

[illegible][illegible]

Signature

Date: _____

Print name and title _____ Tel: _____

5

EXHIBIT 3

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS**

Podiatry in Motion, Inc. v. CoverMyMeds, LLC,
Case No. 16 CV 2653

NOTICE OF CLASS ACTION SETTLEMENT

TO: All persons and entities with fax numbers who during the period of February 29, 2012 through and including [INSERT date of the entry of the preliminary approval order in this action], were sent Transactional or Non-Transactional faxes by or on behalf of CoverMyMeds, LLC or any CMM User. ("Settlement Class").

The capitalized terms in this Notice are defined in the Settlement Agreement and have the same meaning which those terms have in the Settlement Agreement

- You are receiving this notice, because the records of CoverMyMeds show that you meet the above definition and received one or more Transactional Faxes or Non-Transactional Faxes which were sent to you by or on behalf of CoverMyMeds or one its partners or CMM Users. These faxes are defined in Exhibit 1 to the Settlement Agreement. Transactional Faxes were sent in connection with the processing of a prescription pre-authorization and also included what Plaintiff contends is some material promoting CoverMyMeds or recruiting recipients to register at no cost for a CoverMyMeds account. Non-Transactional Faxes are faxes which were sent to recruit the recipient to register at no cost for a CoverMyMeds account. Copies of the Transactional Faxes and the Non-Transactional Faxes covered by this Settlement may be viewed on the settlement website www.RxAuthfaxsettlement.com.
- This Notice provides information to you about a proposed settlement of the above captioned case in which you are a member of the Settlement Class. Under the terms of the Settlement Agreement in this case, you are entitled to receive a cash payment if you submit a claim form and if you remain a member of the Settlement Class you will be releasing your claims against Defendant regarding the transmission of Transactional and Non-Transactional Faxes to you during the class period.
- The settlement resolves a lawsuit brought by Plaintiff, Podiatry In Motion, Inc. alleging that CoverMyMeds violated the Telephone Consumer Protection Act ("TCPA") (47 U.S.C. §227) by sending unsolicited advertisement to the Settlement Class Members. CoverMyMeds is not admitting it is liable and has entered into this settlement solely to avoid the expense and inconvenience of continued litigation. This settlement entitles Class Members to submit a claim for a share ("Settlement Benefit") of a \$9,600,000 settlement fund ("Settlement Fund").
- Your legal rights are affected whether you act or not. Read this notice carefully.
- This notice relates to a lawsuit against Defendant. This is not a lawsuit against you. You are not required to take any action, but you must submit a claim form if you want to receive any benefits from this settlement.

YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT:

SUBMIT A CLAIM	The only way to get Settlement Benefit. You can submit a claim on-line at www.RxAuthfaxsettlement.com or mail the enclosed claim form to the Settlement Claims Administrator by the deadline to the right.	DEADLINE: [DATE]
EXCLUDE YOURSELF	Exclude yourself from the Settlement – you will receive no benefits under the settlement and you will retain any claims you have against Defendant	DEADLINE: [DATE]

OBJECT	Write to the Court about why you do not like or object to the settlement.	DEADLINE: [DATE]
GO TO A HEARING	You may attend the final approval hearing in person or through an attorney you retain and ask to speak in Court about the fairness of the settlement at the Final Approval Hearing on the date at the right.	[Date and Time]
DO NOTHING	Receive no Settlement Benefit but remain a Member of the Settlement Class and release Defendant of liability.	

- These rights and options – and the deadlines to exercise them – are explained in this Notice.
- The court in charge of this case still has to decide whether to approve the settlement. Settlement Benefits will be distributed if the court approves the settlement and after appeals, if any, are resolved. Please be patient.

1. What is this lawsuit about?

Podiatry In Motion, Inc. (“Plaintiff”), on behalf of all members of the Settlement Class, has asserted that CoverMyMeds violated the Telephone Consumer Protection Act (“TCPA”) by sending Plaintiff and the Settlement Class Members by facsimile what Plaintiff contends are unsolicited advertisements promoting CoverMyMeds’ goods or services in violation of the TCPA. The TCPA is a federal statute (47 U.S.C. §227) which generally prohibits sending unsolicited advertisements via facsimile unless the recipient has consented to receive the fax or has an established business relationship with the sender and the sender includes the opt out notice required under the TCPA on the first page of the fax. The TCPA allows the recipient of a fax sent in violation of the Act to bring an action against the sender of the fax and to recover either their actual damages or statutory damages of \$500 for each fax sent in violation of the Act. The statutory damages may be increased by the Court up to \$1,500 per fax if the defendant is found to have willfully or knowingly violated the Act.

Plaintiff alleges that CoverMyMeds sent Plaintiff via facsimile what it contends is an unsolicited advertisement in violation of the TCPA. Plaintiff further alleges that CoverMyMeds sent other faxes which it contends are also unsolicited advertisements to the members of the Settlement Class during the Class Period which is February 29, 2012 through [INSERT DATE OF PRELIM APPROVAL ORDER]. There were two general categories of faxes sent by CoverMyMeds, which Plaintiff contends violated the TCPA. These two categories are Transactional Faxes and Non-Transactional Faxes. These faxes are defined in Exhibit 1 to the Settlement Agreement. Transactional Faxes were sent in connection with the processing of a prescription pre-authorization request and also included what Plaintiff contends is some material promoting CoverMyMeds or recruiting recipients to register at no cost for a CoverMyMeds account. Non-Transactional Faxes are faxes which were sent to recruit the recipient to register at no cost for a CoverMyMeds account. Copies of the Transactional Faxes and the Non-Transactional Faxes covered by this Settlement may be viewed on the settlement website www.PriorAuthfaxsettlement.com. CoverMyMeds denies that either the Transactional Faxes or the Non-Transactional Faxes are “unsolicited advertisements” that are subject to the TCPA and asserts that it did not violate the TCPA by sending these faxes. Plaintiff’s counsel has obtained the records of CoverMyMeds which show who received Transactional Faxes and Non-Transactional Faxes.

2. What is a class action?

In a class action, one or more people called Class Representatives (in this case Podiatry In Motion, Inc.) sue on behalf of a group of people who have similar claims. The people with similar claims are a class or class members. One court resolves the issues for all class members, except for those who exclude themselves from the class.

3. Why is there a settlement?

The Court did not decide in favor of Plaintiff or Defendant. Plaintiff thinks it would have prevailed at a trial. CoverMyMeds believes that it would have prevailed at trial. But there was no trial. Instead, both sides agreed to a settlement. That way, the Parties avoid the cost of a trial, and the Settlement Class Members are assured of the availability of a recovery. The Class Representative and its attorneys recommend the settlement to the Settlement Class Members. The Parties reached this settlement in an arms-length mediation before Judge James Holderman (ret.) who, before retiring was the Chief Judge of the U.S. District Court for the Northern District of Illinois.

4. How do I know if I am part of the settlement?

The court has preliminarily certified a Settlement Class which is defined as everyone who fits the following description and is thereby a Settlement Class Member:

All persons and entities with fax numbers who during the period of February 29, 2012 through and including [INSERT date of the entry of the preliminary approval order in this action], were sent Transactional or Non-Transactional faxes by or on behalf of CoverMyMeds, LLC or any CMM User.

If you received this notice, Defendant's records show that you are a member of the Settlement Class.

5. What does the settlement provide?

Defendant will establish a Settlement Fund of \$9,600,000 (the "Settlement Fund"). The Settlement Fund will cover costs of notice and administration of the settlement, an incentive award to the Plaintiff for its service as class representative and attorneys' fees to Settlement Class Counsel (in an amount not to exceed one-third of the amount of the Settlement Fund). Settlement Class Counsel will file a Petition for Attorney Fees by **DATE, 2016**. After these amounts are deducted from the Settlement Fund, the remaining fund (the "Claim Payment Amount") will be used to pay the valid claims submitted by each Settlement Class Member by **DATE, 2016**. Claims will be paid as follows. While Settlement Class Counsel believe that both the Transactional and Non-Transactional Faxes violate the TCPA, they concede that CoverMyMeds has a stronger argument that the Transactional Faxes, as opposed to the Non-Transactional faxes, are not unsolicited advertisements subject to the TCPA. Therefore, under the settlement, the claims of Settlement Class Members who received only Transactional Faxes (the majority of the Settlement Class received Non-Transactional faxes) will be paid at a lower amount than the claims of Settlement Class Members who received a Non-Transactional fax.

The amount to be paid for each claim will depend on the number and type of faxes the claimant received and the total number of claims received and the types of faxes in the claims submitted. Each Settlement Class Member who submits a timely and valid claim will receive one share for each Transactional Fax they received in the Class Period and five shares for each Non-Transactional Fax they received in the Class Period. The amount to be paid per share shall be determined by dividing the Claim Payment Amount by the total number of shares from all timely and valid claims submitted by Settlement Class Members. There are approximately 620,000 persons or entities who are members of the Settlement Class. There were approximately 32 million Transactional Faxes and 1,676,289 Non-Transactional Faxes sent to the Settlement Class Members during the Class Period. The amount paid per fax to claimants could be greater or lower than the \$500 per fax allowed under the TCPA, depending on the number of valid claims received and the number and type of faxes received by the claimants. This is a settlement and as discussed above the Court could have ultimately decided the case in favor of either the Settlement Class or CoverMyMeds.

If you remain in the Settlement Class and the Court grants final approval to the Settlement, then you will be releasing any claim you have against CoverMyMeds, its partners, and CMM Users from all liability for any Transactional or Non-Transactional Faxes (as defined in Exhibit 1 to the Settlement Agreement) sent to you during the Class Period. If you remain in the Settlement Class and do not file a claim to obtain the monetary relief available under this Settlement, you will still release your claim against CoverMyMeds, its partners, and CMM Users regarding any Transactional or Non-Transactional Faxes sent to you during the Class Period. The specific language regarding the scope and extent of the release is contained in the Settlement Agreement which is available on the Settlement Website.

If you do not cash your settlement check within 60 days from the date it was issued then your claim will be deemed to have been withdrawn and you will not receive payment. If sufficient funds, as defined in the Settlement Agreement, remain after all amounts due are paid under the Agreement, then a second distribution of remaining funds may be made to Settlement Class Members who cashed their settlement checks. Any remaining funds not distributed in a second distribution shall be distributed to a *cy pres* charity proposed by the Parties and approved by the Court.

Under federal tax laws, if you are to receive a claim payment in excess of \$599.99, the person making the payment is required to obtain a form W-9 from you. The W-9 form will be sent to you after the Final Approval Hearing. If you are entitled to recover payment in excess of \$599.99 and you do not submit a completed W-9 form in addition to your Claim Form, then your payment may be adjusted or reduced to \$599.00. Any unpaid amount will be returned to the Settlement Fund.

6. How can I get a Settlement Benefit?

You must submit a completed claim form by [INSERT DATE]. You can submit a claim online at www.RxAuthfaxsettlement.com [live link for web notice] or you can complete and mail the claim form included with this notice. If you lose your claim form and do not want to submit a claim online, you can download a claim form at www.RxAuthfaxsettlement.com to submit a claim by mail or you can call the Settlement Class Administrator at [INSERT PHONE NUMBER] to have a claim form mailed to you. In any case your claim form must be submitted (or postmarked, if mailed) by [INSERT DATE].

8. When would I get my Settlement Benefit?

The Court will hold a hearing on -----, 2016 at ----- at the U.S. District Court, 219 S. Dearborn St., Courtroom 1225, Chicago, IL 60604, to decide whether to finally approve the settlement. If the Court approves the settlement, somebody may appeal the decision, which could take more than a year to resolve. Please be patient. If the Court approves the settlement and nobody objects to the settlement, Settlement Benefits will be distributed within 30 days after the Effective Date.

9. What am I giving up to get Settlement Benefits and stay in the Class?

Unless you exclude yourself, you are staying in the Settlement Class, and that means that you cannot sue, continue to sue, or be part of any other lawsuit against Defendant about the legal issues in *this lawsuit*. It also means that all of the Court's orders will apply to you and legally bind you, including a release of further liability against Defendant if the Court approves this settlement.

10. Can I exclude myself from the Class?

Yes. If you do not want to participate in the settlement or receive any Settlement Benefits, you must exclude yourself by sending a letter to Class Counsel or the Settlement Class Administrator stating your intention to be excluded (opt out) from the Settlement Class. Your election to opt out must contain the following information: your name, your current address, your signature, the date and a statement clearly stating words to the effect of "I want to be excluded from the *Podiatry In Motion v CoverMyMeds* settlement." Exclusions requests must be postmarked no later than [INSERT DATE]. The request to exclude must be mailed with proper postage to either:

Settlement Class Counsel
Edelman, Combs, Lattuner & Goodwin, LLC
20 S. Clark St., Suite 1500
Chicago, IL 60603

Settlement Class Administrator
[ADDRESS]

If you exclude yourself, you will not get any Settlement Benefits and you cannot object to the settlement. You will not be legally bound by anything that happens in this lawsuit. You may be able to sue (or continue to sue) Defendant in the future.

11. How can I object to the settlement?

You can object to the settlement if you do not like any part of it. You must give reasons why you think the Court should not approve it. The Court will consider your views. To object, you must file a letter indicating your

objection with the Clerk of the Court stating that you object to the *Podiatry In Motion v CoverMyMeds* settlement and the reasons you object to the settlement. Your objection or letter must also include a reference to case number 16 CV 2653, your name, current address, telephone number, date and signature. You must file your letter with the Clerk of the District Court, 219 S. Dearborn St., 20th Floor, Chicago, IL 60604 by [INSERT DATE]. You must also send a copy of your objection to Settlement Class Counsel at the address above and to Defendant's Counsel: Bart T. Murphy, Ice Miller, LLP, 2300 Cabot Dr., Ste. 1500, Lisle, IL 60532.

12. What is the difference between objecting and excluding?

Objecting is simply telling the Court that you do not like something about the settlement and that it should not be approved. You can object only if you stay in the Class and submit a claim. Even if the Court rejects your objection, you cannot thereafter exclude yourself from the Class. Excluding yourself is telling the Court that you do not want to be part of the Class. If you exclude yourself, you have no basis to object because the case no longer affects you.

13. Do I have a lawyer in this case?

The Court appointed lawyers to represent you and other Class Members. These lawyers are called Settlement Class Counsel. You will not be charged separately by these lawyers. They will be paid from the Settlement Fund. If you want to be represented by your own lawyer, you may hire one at your own expense. Settlement Class Counsel appointed by the Court are:

Daniel A. Edelman
Julie Clark
Edelman Combs Lattuner & Goodwin, LLC
20 S. Clark St., Ste. 1500
Chicago, IL 60603
312-739-4200

14. When and where will the Court decide whether to approve the settlement?

The Court will hold a hearing (a "Fairness Hearing") to decide whether to finally approve the settlement. The Fairness Hearing will be held on ----- at ----- at the U.S. District Court, 219 S. Dearborn St., Courtroom 1225, Chicago, IL 60604. At the Fairness Hearing, the Court will consider whether the settlement is fair, reasonable and adequate. If there are objections or requests to be heard, the Court will consider them at the hearing.

15. Do I have to attend the Fairness Hearing?

No. Class Counsel will answer questions the Court may have at the fairness hearing, but you may attend at your own expense. If you send an objection, you do not have to go to court to talk about it. As long as you submitted your written objection on time, the Court will consider it. You may also have your own lawyer attend, but it is not necessary to hire a lawyer. You may ask the Court for permission to speak at the Fairness Hearing by sending a letter saying that it is your "Notice of Intention to Appear in *Podiatry In Motion v CoverMyMeds*." Your letter must also include a reference to case number 16 CV 2653, your name, current address, telephone number and signature. You must file your objection with the Clerk of the U.S. District Court, 219 S. Dearborn St., 20th Floor, Chicago, IL 60604 by [INSERT DATE]. You cannot speak at the Fairness Hearing if you exclude yourself from the Class.

16. What happens if I do nothing at all?

If you do nothing, and the Court approves the settlement, you will not get any Settlement Benefit but you will still be bound by the settlement and you will not be able to sue Defendant on the claims raised in the lawsuit. If you want a Settlement Benefit, you must submit a claim form.

17. How do I get more information?

You may seek the advice and guidance of your own attorney, at your own expense, if you desire; you may review the pleadings, records and other papers on file in this lawsuit, which may be inspected during regular business hours at the U.S. District Court, 219 S. Dearborn St., 20th Floor, Chicago, IL 60604. You may also view the settlement website, which contains copies of certain court documents, including the Settlement Agreement and Fee Petition, and other information at www.RxAuthfaxsettlement.com or you may write or call Class Counsel (312-739-4200 see para. 13 above for address) for additional information.

DO NOT CALL THE COURT OR DEFENDANT'S COUNSEL WITH QUESTIONS

18. What if I move?

If you move between now and when you receive a Settlement Benefit, you must update your contact information with the Class Administrator (see below).

TO RECEIVE A PAYMENT UNDER THIS SETTLEMENT AGREEMENT, THIS CLAIM FORM MUST BE SUBMITTED ONLINE, FAXED, OR POSTMARKED ON OR BEFORE DATE, 2016 TO THE FOLLOWING:

INSTRUCTIONS: You must complete and sign the claim form and submit online at www.RxAuthfaxsettlement.com, mail or fax the claim form to the Claims Administrator at the address above, by **DATE, 2016**. You may be required to submit a W-9 form if the value of your claim exceeds \$599.99. If you are required to submit a W-9 form and do not do so, the Claims Administrator may reduce the amount of your settlement payment to \$599.00.

			-				-				
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[illegible][illegible]

Signature

Date: _____

_____ Tel: _____
Print name and title

IT IS YOUR RESPONSIBILITY TO KEEP A CURRENT ADDRESS ON FILE WITH THE SETTLEMENT CLASS ADMINISTRATOR.

EXHIBIT 4

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

PODIATRY IN MOTION, INC.,)	
on behalf of plaintiff and)	
the class members defined herein,)	
)	
Plaintiff,)	No. 16-cv-2653
)	
v.)	Honorable Judge Lee
)	Magistrate Judge Cole
COVERMYMEDS, LLC,)	
and JOHN DOES 1-10,)	
)	
Defendant.)	

**[DRAFT] ORDER GRANTING MOTION FOR
PRELIMINARY APPROVAL OF SETTLEMENT**

The Motion of Plaintiff Podiatry In Motion, Inc. (“Plaintiff”) for Preliminary Approval of Class Action Settlement and Notice to the Class, which is unopposed by CoverMyMeds, LLC (“FDS” or “Defendant”) came on for hearing on May_____, 2016. The capitalized terms in this Order shall have the same meaning as these terms have in the Settlement Agreement.

Having considered Plaintiff’s moving papers, the signed Settlement Agreement (the “Settlement Agreement”) attached as Appendix A to Plaintiff’s Motion for Preliminary Approval, all other evidence submitted concerning Plaintiff’s motion, and being duly advised in the premises, and good cause having been shown, the Court hereby finds that:

(a) The settlement proposed in the Settlement Agreement has been negotiated in good faith at arm’s length and is preliminarily determined to be fair, reasonable, adequate, and in the best interests of the Settlement Class (as defined below).

(b) The Class Notice and notice plan (as described in the Settlement Agreement) fully complies with Federal Rule of Civil Procedure 23(c)(2)(B) and due process, constitutes the best

notice practicable under the circumstances, and is due and sufficient notice to all persons entitled to notice of the settlement of the Litigation.

(c) With respect to the Settlement Class, this Court finds that, for settlement purposes only, certification is appropriate under Federal Rule of Civil Procedure 23(a) and (b)(3). This Court finds that members of the Settlement Class will receive notice of the settlement through the notice program described below.

(d) This Court finds that the Class Notice described below constitutes the best notice practicable under the circumstances and fully complies with Federal Rule of Civil Procedure 23(c)(2)(B).

IT IS THEREFORE ORDERED THAT:

1. The settlement proposed in the Settlement Agreement has been negotiated in good faith at arm's length and is preliminarily determined to be fair, reasonable, adequate, and in the best interests of the Settlement Class in light of the factual, legal, practical and procedural considerations raised by this case.

2. The following class (the "Settlement Class") is preliminarily certified solely for the purpose of settlement pursuant to Federal Rule of Civil Procedure 23(a) and (b)(3):

All persons and entities with fax numbers who during the period February 29, 2012 through and including the date of the entry of this order, were sent Transactional or Non-Transactional faxes by or on behalf of CoverMyMeds, LLC or any CMM User.

The Court makes a preliminary finding that this action satisfies the applicable prerequisites for class action treatment under Fed. R. Civ. P. 23(a) and (b). The Settlement Class as defined in the Settlement Agreement is so numerous that joinder of all members is not practicable, there are questions of law and fact common to the Settlement Class, the claims of the Class Representative are typical of the claims of the Settlement Class, and the Class

Representative will fairly and adequately protect the interests of the Settlement Class. Questions of law and fact common to the members of the Settlement Class predominate over any questions affecting only individual members, and a class action is superior to other available methods for the fair and efficient adjudication of the controversy.

3. The Court preliminarily appoints Plaintiff Podiatry In Motion, Inc. as Class Representative of the Settlement Class and finds that it meets the requirements of Fed. R. Civ. P. 23.

4. The Court preliminarily appoints the following lawyers as Settlement Class Counsel and finds that they meet the requirements of Fed. R. Civ. P. 23: Dulijaza (Julie) Clark and Daniel A. Edelman of Edelman, Combs, Lattuner and Goodwin, LLC, 20 S. Clark Street, Suite 1500, Chicago, Illinois 60603.

5. If (i) the Settlement Agreement is terminated pursuant to its terms; (ii) the Settlement Agreement, the Preliminary Approval Order, and the Final Approval Order do not for any reason become effective; or (iii) the Settlement Agreement, Preliminary Approval Order, and Final Approval Order are reversed, vacated, or modified in any material respect which is not agreeable to all Parties, then (a) all orders entered pursuant to the Settlement Agreement shall be deemed vacated, including without limitation the certification of the Settlement Class and all other relevant portions of this Order; (b) this case shall proceed as though the Settlement Class had never been certified; and (c) no reference to the prior Settlement Class or Settlement Agreement, or any documents related thereto, shall be made for any purpose. If the settlement does not become final in accordance with the terms of the Settlement Agreement, then the Final Approval Order shall be void and shall be deemed vacated. Defendant retains the right to oppose

class certification if the settlement is vacated, and the doctrines of res judicata, collateral estoppel or law of the case shall not be applied.

6. Class Counsel shall give notice of the settlement, its terms, the right to opt out, appear and the right to object to the settlement as set forth in the Settlement Agreement. The Settlement Agreement's plan for class notice is the best notice practicable under the circumstances and satisfies the requirements of due process and Fed. R. Civ. P. 23. That plan is approved and adopted.

7. The form of notice that Class Counsel will provide are attached as Exhibits 2 & 3 to the Settlement Agreement. By **DATE, 2016**, Class Counsel is ordered to commence the Notice Program described in the Settlement Agreement and shall send the Notice and Claim Form substantially in the form of Exhibit 2 to those identified on the Class List via facsimile. Class Counsel shall also provide Notice via U.S. Mail substantially in the form of Exhibit 2 or as modified for purposes of facilitating mailing, to those Settlement Class Members where the transmission of the Notice via facsimile to such Settlement Class Members was unsuccessful after three attempts. Within twenty-one (21) days of the date that the Notice was first sent by fax, the Settlement Class Administrator may provide a second round of notice in the form of Exhibit 2 to the Settlement Agreement by facsimile and/or U.S. Mail to those Settlement Class Members who have not responded to the Class Notice. This combined notice program fully complies with the requirements of Federal Rule of Civil Procedure 23(c)(2)(B) and due process, constitutes the best notice practicable under the circumstances, and is due and sufficient notice to all persons entitled to notice of the proposed settlement of this lawsuit. The Court finds that no other notice is necessary. The Administrator and/or Settlement Class Counsel shall provide the Notice and/or the Claim Form to Class Members who call to request it.

8. To effectuate the settlement, the Court establishes the following deadlines for the events set forth in the Settlement Agreement and directs the Parties to incorporate the deadlines in the Notice and Claim Form:

(a) Claim Forms shall be returned by Class Members to the Settlement Class Administrator online, by fax, or mail postmarked on or before **DATE, 2016**. Claims not submitted by this date shall be barred.

(b) Objections of Class Members or any appearance of an attorney on behalf of a Class Member shall be filed in this Court and served by mail postmarked to Class Counsel and Defendant's Counsel on or before **DATE, 2016**, or shall be forever barred. Each objection must contain the following information: (i) the objector's name (or business name, if the objector is an entity), and address; (ii) the telephone number for the facsimile machine on which the Settlement Class Member was sent the fax; (iii) a statement of the objection to the Settlement Agreement; (iv) an explanation of the legal and factual basis for the objection; and (v) documentation, if any, to support the objection.

(c) All memoranda filed by any Class Member in connection with objections must be filed in this Court and served on Class Counsel and counsel for Defendant by fax or mail postmarked on or before **DATE, 2016**, or shall be forever barred.

(d) Requests by any Settlement Class member to opt out of the settlement must be mailed to Settlement Class Counsel or the Settlement Class Administrator on or before **DATE, 2016**, or shall be forever barred. A notice of intention to opt out must contain the following information: (a) the Settlement Class member's name, address, and the telephone number for the facsimile machine on which the Settlement Class member

was sent the fax; and (b) a statement to the effect that the Settlement Class member does not want to participate in the settlement and waives all rights to any benefits of the settlement.

9. Defendant shall file proof of compliance with the notice requirements of the Class Action Fairness Act of 2005, 28 U.S.C. § 1715(b), no later than **DATE, 2016**.

10. Settlement Class Counsel shall file with the Court a list of the individual members of the Settlement Class seeking exclusion by **DATE, 2016**.

11. The final hearing to determine whether the settlement is fair, reasonable, and adequate, and whether it should be approved by the Court, will be conducted on **DATE, 2016 at** _____ a.m.

12. All papers in support of the Settlement Agreement shall be filed no later than **DATE, 2016**. Any responses to objections shall be filed with the Court on or before **DATE, 2016**. There shall be no replies from objectors.

13. In the event that the settlement does not become final and the Effective Date does not occur in accordance with the terms of the Settlement Agreement, then this Order shall be void and shall be deemed vacated.

14. The Court may extend any of the deadlines set forth in this Order or adjourn or continue the final approval hearing without further notice to the Settlement Class.

15. Costs associated with notice, claims administration and distribution of settlement checks shall come from the Settlement Fund. Defendant shall advance costs of notice and administration from the Settlement Fund (not to exceed \$300,000) and provide the Class List to Class Counsel within five business (5) days after this Order is entered.

16. Settlement Class Counsel are to file their fee petition by **DATE, 2016**, twenty-eight (28) days prior to the deadline for Settlement Class members to submit objections.

ENTERED:

Dated: _____

United States District Judge

EXHIBIT 5

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

PODIATRY IN MOTION, INC.,)	
on behalf of plaintiff and)	
the class members defined herein,)	
)	
Plaintiff,)	No. 16-cv-2653
)	
v.)	Honorable Judge Lee
)	Magistrate Judge Cole
COVERMYMEDS, LLC,)	
and JOHN DOES 1-10,)	
)	
Defendant.)	

FINAL ORDER OF APPROVAL

On [DATE], 2016, this Court entered an order granting preliminary approval (the “Preliminary Approval Order”) of the settlement between Plaintiff Podiatry In Motion, Inc. (“Plaintiff”), on its own behalf and on behalf of the Settlement Class (as defined below), and Defendant CoverMyMeds, LLC (“Defendant”), as memorialized in the Settlement Agreement (the “Settlement Agreement”). The capitalized terms in this Order have the same meaning as assigned to such terms in the Settlement Agreement.

On [DATE], 2016, the Court held a fairness hearing (the “Fairness Hearing”), for which members of the Settlement Class had been given appropriate notice and were invited to appear, including those with any objections. An opportunity to be heard was given to all persons requesting to be heard in accordance with the Preliminary Approval Order. [No persons appeared in Court seeking to address the proposed settlement.] Having considered the Parties’ Settlement Agreement, Plaintiff’s Memorandum in Support of Final Approval of the Class Action Settlement and all other evidence submitted, and good cause having been shown,

IT IS HEREBY ORDERED THAT:

1. This Court has jurisdiction over Plaintiff, Defendant, members of the Settlement Class, and the claims asserted in the Litigation.

2. The Settlement Agreement was entered into in good faith following arm's length negotiations and is non-collusive.

3. This Court grants final approval of the Settlement Agreement, including but not limited to the releases in the Settlement Agreement, and finds that it is in all respects fair, reasonable, and in the best interest of the Settlement Class. Therefore, all members of the Settlement Class who have not opted out are bound by this Order Finally Approving the Settlement and the Settlement Agreement. Attached hereto as *Exhibit A* is a list of all opt-outs.

Class Certification

4. The previously certified class (the "Settlement Class") is now finally certified for purposes of settlement pursuant to Federal Rule of Civil Procedure 23(a) and (b)(3):

All persons and entities with fax numbers who during the period February 29, 2012 through and including [INSERT the date of the entry of the preliminary approval order in this action], were sent Transactional or Non-Transactional faxes by or on behalf of CoverMyMeds, LLC or any CMM User.

5. The Court finds that certification solely for purposes of settlement is appropriate in that: (a) the class is so numerous that joinder of all members is impracticable; (b) there are questions of law and fact common to the class that predominate over any questions affecting only individual class members; (c) Plaintiff's claims are typical of the claims of the class; (d) Plaintiff has fairly and adequately protected the interests of the class; (e) Edelman, Combs, Lattuner & Goodwin, LLC is adequate class counsel; and (f) a class action is the superior method for the fair and efficient adjudication of this controversy.

6. Podiatry In Motion, Inc. is finally approved as representatives of the Settlement Class.

7. Dulijaza (Julie) Clark and Daniel A. Edelman of Edelman, Combs, Lattuner and Goodwin, LLC are finally appointed as Class Counsel.

Class Notice

8. The Class Notice (as described in the Settlement Agreement) fully complies with the requirements of Federal Rule of Civil Procedure 23(c)(2)(B) and due process, constitutes the best notice practicable under the circumstances, and is due and sufficient notice to all persons entitled to notice of the settlement of the Action. The Court has approved the forms of notice to the Settlement Class.

9. With respect to the Settlement Class, this Court finds that certification is appropriate under Federal Rule of Civil Procedure 23(a) and (b)(3). Notice was given by facsimile, and where the facsimile transmission was not successful attempts were made to send the Notice via mail to each Settlement Class Member whose identity could be ascertained through reasonable effort. Settlement Class Counsel also posted the Settlement Agreement (without exhibits) and Notice on its firm website, www.edcombs.com. The Class Notice and Settlement Agreement were also posted on [class administrator's website]. These forms of Class Notice fully comply with the requirements of Rule 23(c)(2)(B) and due process, constitute the best notice practicable under the circumstances, and are due and sufficient notice to all persons entitled to notice of the settlement of this lawsuit.

A total of [redacted] valid and timely claim forms were submitted.

Objections and Opt-Outs

10. [No objections were filed by Class Members.]

11. A total of [REDACTED] entities have validly requested exclusion from the Settlement Class. The entities that have validly opted out of the settlement are: [identify opt outs] Dkt. Nos. ##.

Class Compensation

12. In accordance with the terms of the Settlement Agreement, CoverMyMeds, LLC shall provide a total of \$9,600,000.00 to create a Settlement Fund, less any costs advanced for notice and administrative expenses pursuant to the Settlement Agreement. Unless this Order does not become a final and non-appealable order, no portion of the Settlement Fund shall revert back to CoverMyMeds, LLC.

Releases

13. Upon entry of this Order Finally Approving the Settlement, Plaintiff and each Settlement Class Member shall be deemed to have granted the releases set forth in the Settlement Agreement.

Award of Attorneys' Fees, Costs, and Incentive Award

14. The Court has considered Class Counsel's application for attorneys' fees. The Court awards Class Counsel the sum of \$_____ as an award of attorney's fees to be paid from the Settlement Fund within 14 days of the Effective Date, and finds this amount of fees is fair and reasonable.

15. The Court grants Class Counsel's request for an incentive award to the class representative and awards \$10,000 to Podiatry In Motion, Inc. The Court finds that this payment is justified by the Class Representative's service to the Settlement Class. This payment shall be made from the Settlement Fund within 14 days of the Effective Date.

Other Provisions

16. The Parties to the Settlement Agreement shall carry out their respective obligations thereunder. No funds shall be disbursed by Settlement Class Counsel or the Settlement Class Administrator from the Settlement Fund except as authorized by the Court or as set forth in the Settlement Agreement.

17. Neither the Settlement Agreement, the Preliminary Approval Order, this Order Finally Approving the Settlement, nor any of their provisions, nor any of the documents (including but not limited to drafts of the Settlement Agreement, the Preliminary Approval Order, Order Finally Approving the Settlement), negotiations, or proceedings relating in any way to the settlement, shall be construed as or deemed to be evidence of an admission or concession of any kind by any person, including Defendant, and shall not be offered or received in evidence in this or any other action or proceeding except in an action brought to enforce the terms of the Settlement Agreement or except as may be required by law or court order.

18. The Class Administrator shall distribute the Net Settlement Fund to the Settlement Class Members in accordance with the provisions of this Order and the parties' Settlement Agreement, within thirty (30) days following the Effective Date as that term is defined in the Settlement Agreement.

19. Settlement Class Counsel or the Settlement Class Administrator shall make the *cy pres* payment to [identify *cy pres* recipient] thirty (30) days after expiration of the void date on the Settlement Class members' checks.

20. Class Counsel and/or the Class Administrator shall file an affidavit of final accounting of the settlement by [DATE], 2016.

21. [TBD], shall be the Class Administrator to make claim payments and issue and collect W-9 forms.

22. A hearing on the final accounting of the settlement and for entry of a dismissal order is set for [DATE], 2016 at TIME.

23. This order is a final order and to the extent any provision of this order regarding activities to occur after this order is entered prevents this order from becoming a final order, such provisions shall be stricken and if such provisions are stricken, the Parties are ordered to perform the activities set forth in the stricken provisions.

ENTER:

Dated: _____

United States District Judge